

MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP) MANUAL

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)

INTRODUCTION

Effective Date: March 1, 2009

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**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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INTRODUCTION

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INTRODUCTION

During the 1985 legislative session, the South Carolina General Assembly approved the Medically Indigent Assistance Act (MIAA). The intent of this Act is to ensure that medical care is available to needy citizens of the State.

In recognition of the need to address the medically indigent problem in the State, the Medically Indigent Assistance Fund (MIAF) was created effective January 1, 1986. The MIAF was funded by contributions from county governments and general hospitals to provide medical assistance to those citizens who did not qualify for Medicaid or any other government assistance and who did not have the means to pay for inpatient hospital care. The MIAF covered inpatient hospital services only.

The Medically Indigent Assistance Act provided that:

- A. The State Health and Human Services Finance Commission should develop uniform criteria and materials for statewide use.
- B. The county government should make arrangements for the determination of eligibility for the MIAF for its residents.
- C. General hospitals should inform patients of the existence of the MIAF and should refer the patient for an application if it was determined that the patient had no means to pay for hospital services.

During the 1989 legislative session, the General Assembly made substantial revisions in the MIAA. Effective July 1, 1989, the MIAF became known as the Medically Indigent Assistance Program (MIAP). The money collected from county governments and hospitals is deposited into the Medicaid Expansion Fund. This fund is used to increase the number of people who are eligible for Medicaid.

This manual establishes the uniform criteria to be used in determining eligibility for the MIAP. The policies and procedures in this manual must be used by all entities designated to determine eligibility for the MIAP.

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This chapter states the policies on the application process, notification requirements, rights and responsibilities of applicants, fraud provisions, audits, monitoring and verification requirements. It also includes a procedural guide for the eligibility process.

101 Application Process

If a person presents himself to the hospital or other medical provider and needs inpatient hospital services, the provider should determine if the patient has third party resources to cover the full cost of care. If sufficient coverage is available, the person should not be referred to the MIAP for an eligibility determination. Sufficient coverage means third party coverage with an allowable payment that is equal to or greater than the MIAP allowable payment or the hospital charge, whichever is less. Generally, a person with third party coverage that pays eighty (80) percent of charges is considered to have sufficient coverage and should not be referred to the MIAP. Persons who receive Medicaid benefits or Medicare Part A benefits are considered to have sufficient coverage and should not be referred to the MIAP. Refer to Section 102.1 for exceptions to this policy.

If the person does not have sufficient coverage, the hospital or medical provider must inform him of the existence of the MIAP and refer him, if he (the applicant) so chooses, to the designee in the county of residence for an eligibility determination. The county designee is the entity designated by the county government to determine eligibility for the MIAP for its residents.

The county designee is responsible for receiving and processing applications from or for any person requesting assistance through the MIAP. The application process includes all activities from the time the signed application is received by the county designee until eligibility is determined and the applicant and referring provider are notified of the decision on the application.

Refer to the procedural guide at the end of this chapter, which outlines the MIAP process from the time the applicant presents himself for services until the claim is paid.

101.1 Episodic Determination

A new application and a new county authorization number are required for each period of hospitalization.

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The county authorization number consists of ten digits, which are assigned in the following manner:

Digits 1 & 2	Your county number
Digits 3 & 4	The last two digits in the calendar year
Digits 5, 6, & 7	The day eligibility is determined (the date on the Letter of Notification) represented by Julian date.
Digits 8, 9, & 10	Sequential numbers from 001 through 999 assigned by the county. When you reach 999, begin again.

Example: John Smith's eligibility is determined by Abbeville County on January 7, 2002. He is the third person determined eligible in Abbeville County. His county authorization number is assigned in the following manner. County number – 01, Year – 02, Julian date – 007, and Sequential number – 003. His county authorization number is 0102007003.

It is recommended that the designee maintain a log of assigned authorization numbers.

Applications are processed based on a definite date of admission; or, for pregnancy related cases, an expected date of confinement (EDC). Sometimes the admission occurs at a later date. In such cases, eligibility does not have to be re-determined as long as the admission occurs within fifteen (15) calendar days from the previously verified admission date. If the admission occurs after the fifteen (15) days, the information recorded on the application must be re-verified; particularly, income, resources and family size.

Exceptions: If an applicant is readmitted within 30 days of a MIAP eligible hospital stay (a hospital stay ends on the date of discharge), a new application is not required. The hospital must notify the county designee of readmission.

If an eligible person is transferred from one hospital to another, a new application and a new authorization number are not required because it is considered the same period of hospitalization. The receiving hospital should contact the transferring hospital to obtain a copy of the letter of notification. A transfer occurs when a patient is

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discharged from one hospital and is admitted to another hospital without a break in hospitalization.

If a MIAP eligible pregnant woman gives birth, a separate application is not required on the newborn because the needs of the unborn child were considered in determining the pregnant woman's eligibility. (See Chapter 3, Section 302) When the baby is born, a notification of birth should be sent by the hospital to the county designee requesting the assignment of a county authorization number and a unique patient identifier.

If an applicant is denied assistance due to failure to provide necessary information and he provides the information within 30 days of the denial, another application is not required. Such a determination is not considered a retroactive determination.

In all situations, the county designee must contact the applicant to verify that the information recorded on the latest application has not changed; particularly, income, resources and family size.

101.2 Retroactive Determination

A retroactive application may be filed up to one (1) year from the date of discharge from the hospital. The applicant must be able to establish that he would have been eligible during the period of hospitalization, had he applied. These procedures also apply if an application is made on behalf of a deceased individual.

Retroactive applications may be made only for patients admitted on January 1, 1986 and later.

101.3 Types of Admission

A. Non-Emergency Admissions

An application for assistance through the MIAP must be filed with the county designee in the applicant's county of residence. Applications for non-emergency admissions should not be accepted and processed more than 30 days prior to the expected date of admission to the hospital.

Eligibility should be determined prior to admission to the hospital. However, this does not preclude payment by the MIAP for an eligible

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individual if the hospital chooses to admit the patient prior to the completion of the eligibility determination process.

B. Emergency Admissions

For emergency admissions, the hospital must admit the patient and obtain a signed application from the applicant, his relative or other person authorized to act on his behalf. The hospital should make a concerted effort to verify as much information as possible, then forward the application and verifications to the county designee in the patient's county of residence for the eligibility determination to be completed.

101.4 Application Filing

An applicant is a person who has, directly or through his authorized representative, made an application for assistance through the MIAP. The applicant's authorized representative or responsible person is someone who is acting for the applicant with his knowledge and consent, such as legal counsel, a relative, friend, or another spokesman, and who has knowledge of the applicant's circumstances.

An application for an incapacitated individual may be made by someone acting responsibly for him without his knowledge or consent. The person making the application should in most cases be a relative, very close friend, or legal guardian.

When an incapacitated individual has no responsible party, an official of the hospital may file the application. The county designee should attempt to verify if a responsible party exists.

101.5 Effective Date of Application

For non-emergency admissions, the application is considered filed on the date the signed application is received by the county designee in the applicant's county of residence. For emergency admissions and retroactive applications, the effective date of the application is the date the applicant was admitted to the hospital.

101.6 Application Form

All applications for MIAP must be completed in ink and must be filed on an official MIAP application form. When a Medicaid eligibility worker receives a Medicaid

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application for an individual who owes inpatient hospital bills or is scheduled for a hospital admission, if it is determined that the individual is not eligible for Medicaid, the MIAP application may be filed on DHHS Form 938, MIAP Addendum to Medicaid Application, with a copy of the Medicaid application attached to the 938. Otherwise, the MIAP application must be filed on DHHS Form 207, Application for the MIAP. A signed application provides a legal document that:

- Clearly signifies intent to apply;
- Puts the applicant on notice that he is liable for the truthfulness of the information he includes on the application;
- Provides a document that may be introduced as evidence in court where fraud has been committed; and
- Provides the agency with sufficient information to begin an accurate determination of eligibility or ineligibility.

102 Availability of Other Benefits

The MIAA states that payments through the MIAP will not be made until all other sources of payment have been exhausted. The exception is where a county government continues to maintain its own indigent program in addition to contributing to the State's MIAP. The applicant must be advised to apply for all other benefits for which he may be qualified. Applicants who fail to apply for other benefits are not eligible for assistance through the MIAP.

The hospital or county designee should review the information on the application form and refer the applicant to the appropriate program only if it appears that he may be entitled to other benefits. Refer to Chapter 4 for details on other assistance programs and their basic eligibility criteria. For example, the applicant may be a veteran not receiving veteran's benefits or he may be totally and permanently disabled not receiving Social Security benefits. These applicants should be referred to the appropriate agency for an eligibility determination of cash benefits or health benefits. The MIAP application must be held pending until eligibility for other benefits is established.

If it appears that the applicant is eligible for Medicaid benefits, he must be referred to the appropriate agency for an eligibility determination. The Medicaid program covers a wide range of medical services for the eligible applicant and eligible members of his family. Such covered services include physician services, prescription drugs, preventive services for children, etc. All pregnant women and minor children (under age 19) must be referred to Medicaid. If the applicant is potentially eligible for

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Medicaid (e.g. LIF, SSI, etc.), the MIAP application must be held pending until eligibility for Medicaid benefits is established.

If the applicant is denied other benefits, he should be instructed to provide the notice or a statement, which verifies ineligibility. The applicant will not be eligible for assistance through the MIAP if the reason for the denial of other benefits is failure to cooperate or failure to provide necessary information. If the applicant appeals the denial of other benefits, his application for the MIAP can be processed. In other words, the MIAP application is not held pending through the other agency's appeal process. (Once again, the application cannot be approved if the reason for the denial, which is under appeal, is failure to provide necessary information or failure to cooperate.)

Applications for those applicants who would be eligible to receive inpatient hospital services through the Veterans Administration (VA) may be eligible for MIAP sponsorship in a licensed general hospital only if the attending physician states that the treatment/services needed by the applicant cannot be provided by the VA. Otherwise, those applicants who would be eligible for services through the VA must be referred.

102.1 Third Party Resources

A third party payer is any individual, entity, or program that is or may be liable to pay all or part of the medical cost related to the treatment of injury, disease, or disability of an individual. Examples of such payment sources are Part A of Medicare, Medicaid, health insurance, employee benefit plans, and other state or federal programs, which assist in providing health care services. Persons who have third party coverage, which pays 80% of charges, are not eligible. Persons who are eligible for Medicaid or Medicare on the date of admission are not eligible for MIAP coverage for that hospital stay. The MIAP will not sponsor the payment of any coinsurance and deductibles required by any third party payer. Persons who have exhausted their Medicare Part A benefits including lifetime reserve days, may qualify for assistance through the fund beginning with the next eligible hospital admission. Persons who have exhausted the number of hospital admissions allowed by Medicaid may qualify for assistance through the MIAP.

103 Timely Determinations

A determination of eligibility for assistance through the MIAP must be made within fifteen (15) working days of the date the application is received by the county designee unless the applicant has been referred for an eligibility determination for other

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benefits. If the circumstances of the case are such that disposition of the application cannot be made within fifteen (15) working days, the reason for delay must be documented in the case.

For applicants who are potentially eligible for Medicaid, the MIAP application cannot be approved until the applicant has applied for and been denied Medicaid benefits. The fifteen (15) day time frame does not apply in this situation.

104 Notification of Eligibility Determination

The county designee must provide a prompt written notice to the applicant and the referring provider. The notice must be mailed on the date that the eligibility determination is completed. This notification requirement applies to applications that are approved, denied or withdrawn. DHHS 227 Letter of Notification – Approval and DHHS 228, Letter of Notification – Denial/Withdrawal, must be used for this purpose. If an application is denied, the notice must state the reason for the denial. Although this list is not all-inclusive, examples of reasons for denial are:

- Income exceeds standards.
- Resources exceed standards.
- Eligible for other government benefits which pay for inpatient hospital services.
- Failure to cooperate. State on the notice the specific eligibility factor that the applicant did not meet due to lack of cooperation (e.g. applicant failed to provide verification of income; applicant failed to apply for other benefits).

Note: Separate notices are required when one application is filed for two or more individuals in the same family. For example: a parent and child; husband and wife, etc.

105 Rights of Applicants/Recipients

Applicants/recipients have basic rights, which are respected and protected during the process of determining eligibility for benefits. They are set forth in the following sections.

105.1 Confidentiality of Information

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All information obtained about applicants or recipients of MIAP assistance is confidential and must be safeguarded. This applies to the names and addresses of applicants or recipients as well as any information regarding the economic, social or medical circumstances of a particular individual or family group. SUCH INFORMATION SHOULD BE DISCLOSED ONLY IN THE FOLLOWING SITUATIONS:

1. Pertinent information regarding an applicant or recipient may be disclosed by DHHS or the county designee to individuals or other agency representatives, solely on the basis of need, and only for purposes directly relating to the administration of the MIAP, such as establishing eligibility, providing services for applicants/recipients, and audit of the MIAP. Any other request for release of information must be made to the county designee or DHHS in writing and include the written consent of the applicant/recipient (see #2.)
2. Information other than confidential medical reports may be disclosed to any individual or agency with the written consent of the applicant/recipient or his authorized representative.
3. The applicant/recipient or his authorized representative should be referred to the source of the information if he needs confidential medical reports.

State law provides that any person who violates the confidentiality guidelines may be found guilty of a misdemeanor and upon conviction will be fined not more than \$1,000 or imprisoned not more than one year, or both.

105.2 Right to Appeal and Fair Hearing

If an applicant disagrees with the decision made on his case and wishes to appeal, he must request a reconsideration at the county level. This reconsideration request must be made in writing and received by the entity designated to make the reconsideration decision within 30 days of the date of the notice of the decision. A reconsideration can not be granted if the request is not received within the specified time frame.

The reconsideration decision must be made by a person designated by the county's chief administrative officer. This person must be someone other than the person who made the eligibility determination. Within 10 days of receipt of the request for reconsideration, the applicant should be scheduled for a face-to-face or telephone interview to present the reasons he feels the decision of the county designee was incorrect. The county person designated to make the reconsideration decision must do so within 20 days of the reconsideration interview. The reconsideration must include a review of the facts of the case, the application and verification documents, and any

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additional information the applicant wishes to present to determine if the decision on the case was correct. The applicant and the designee must receive written notification of the reconsideration decision within 20 days of the reconsideration interview. If the reconsideration is in favor of the applicant, the county designee must send a corrected letter of notification (DHHS 227) to the applicant and the hospital.

If the applicant believes the reconsideration decision is in error, he may request a fair hearing before the Department of Health and Human Services. This request must be made in writing within 30 days of the date of the reconsideration notice. A copy of the reconsideration notice must accompany the request for a hearing. This information must be directed to:

Division of Appeals and Hearings
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

DHHS will conduct the hearing in accordance with federal and DHHS appeal regulations.

105.3 Civil Rights and Nondiscrimination

The Department of Health and Human Services shall administer its programs in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as amended, to the end that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, handicap or age, either directly or through contractual or other arrangement. Any individual who feels he has been subjected to such discrimination may, within one hundred eighty (180) days of the alleged discriminatory act, file a signed written complaint with:

Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

106 Responsibilities of Applicants

An applicant, or his responsible party, authorized representative, etc., is required to provide complete and accurate information regarding his application. He is also required to furnish verification needed to determine eligibility. Required verifications

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must be provided promptly in order for the county designee to determine eligibility within the specified time frames as defined in Section 103.

If the applicant refuses to furnish necessary verifications, the application will be denied

In situations where an applicant is mentally or physically incapacitated to the extent that he cannot furnish verifications and/or no responsible party exists, the county designee is responsible for verifying the information.

107 Fraud Penalties

State law provides that any person who commits a material falsification of information required to determine eligibility for the Medically Indigent Assistance Program may be found guilty of a misdemeanor and upon conviction will be fined not more than \$500 or imprisoned for not more than one year, or both. In addition to these penalties, state law also requires that the person reimburse the MIAP for expenditures made on his behalf. Repayment is made through the hospital. County governments are not prohibited from initiating legal action against any person who is suspected of falsifying information.

108 Review of Action Taken by County Designee

The purpose of reviewing actions taken by the county designee is to ensure that the MIAP is administered in a correct and uniform manner, consistent with state policy.

108.1 Review by DHHS

The Department of Health and Human Services will review case records on a periodic basis:

- To ensure that state policies are followed;
- To identify the need for additional training; and
- To identify the need for policy revisions.

This review will not be for the purpose of determining the accuracy of the eligibility determinations.

108.2 Review by County

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At their discretion, county governments may wish to review the accuracy of the eligibility determinations of the county designee.

Each county may establish its own procedures for accomplishing the review. For example:

1. A county may wish to designate an individual or a group of individuals to review every MIAP case or a random sample of cases.
2. Two or more counties may wish to pool their resources and designate an individual to review all MIAP cases or a random sample of their counties' cases.

109 Recovery of Funds by the Medically Indigent Assistance Program

A person is required to reimburse the MIAP for all payments made on his behalf if:

1. He is later determined to be ineligible; or
2. The services delivered are later determined to be non-covered.

Ineligibility may be identified through a county review of the eligibility determinations and through reports by interested parties, etc.

When it is verified that the recipient was either ineligible or the services non-covered, the county designee will provide written notice to the recipient which states the reason for the determination of ineligibility/non-covered service, the amount of the repayment due to the MIAP, and that repayment is to be made through the hospital.

A copy of this correspondence will be sent to the hospital, the Department of Health and Human Services, and a copy retained by the county designee. The county designee should also retain copies of documents that verify ineligibility, i.e., wage statements, bank statements or tax assessors' records.

110 Case Record Requirements

All factual information pertaining to the eligibility determination must be recorded on the official documents developed by the Department of Health and Human Services.

110.1 Contents of Case Record

The following documents must be filed in the case record.

1. Application form;
2. Copies of verifications used to establish eligibility;

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3. Copies of written referrals or case notes to verify that the applicant was referred to another agency to apply for other available benefits, if appropriate, and documentation that the applicant was determined ineligible for the other program;
4. Copies of the letter of notification of case decision.

110.2 Maintenance of Case Record

The county designee is responsible for maintaining a case record on each MIAP applicant.

The county designee must maintain the case records for a period of 6 years after the end of the State fiscal year. In all cases, records must be retained until any audit is resolved. At the end of the designated time period, the case records may be destroyed.

Procedural Guide

I. Emergency Admissions

Responsible Entity

Action

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Patient/Applicant	Presents himself to the hospital for medical treatment.
Hospital	Provides the service. Screens for third-party coverage. If patient has insufficient coverage, refers patient to MIAP. In this process, the hospital takes the application for MIAP benefits, collects as much verification as possible, and forwards the completed application and verification to the county designee in the patient's county of residence.
County Designee	Screens for third party coverage and refers patient to any other programs for which he may be eligible. Determines eligibility. Assigns authorization number if the patient is approved. Sends notice of case action to the referring provider, hospital and applicant.
Hospital	Report claims data to the Division of Research and Statistical Services of the State Budget and Control Board.

II. Non-Emergency Admissions

Responsible Entity

Action

Patient/Applicant	Presents himself to hospital or other health care provider to receive services requiring hospitalization.
Hospital	Screens for third-party sources of payment. If patient does not have sufficient coverage for hospital stay, he must be informed of the

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	existence of MIAP and referred to county designee for an application, if the patient is interested.
County Designee	Screens for third party coverage and refers patient to any other programs for which he may be eligible. Determines eligibility. Assigns authorization number if case approved. Notifies applicant, referring provider, and hospital (if known) of the decision.
Hospital	Admits patient and provides inpatient hospital services.
Hospital	Reports claims data to the Division of Research and Statistical Services of the State Budget and Control Board.

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This chapter states the non-financial conditions that must be met to qualify for the MIAP.

201 Residence

In order to be eligible for assistance through the MIAP, a person must be a resident of the State. A State resident means a person who is domiciled in South Carolina. A domicile, once established, is lost or changes only when an individual moves to a new location with the intent to abandon his old domicile and the intent to live permanently or indefinitely in the new location.

It is not necessary for a person to live in the State for a specified period of time to establish residence. For example, a person may move to South Carolina on January 1, establish a domicile, and be considered a state resident on that date. However, persons in the State on vacation are not considered residents.

In addition, a person is not required to have a specified address in order to be considered a state resident. For example, “street people” have no permanent address, yet they are residents of the State.

Future county assessments will consider the number of county residents served through the MIAP. For this reason, it is important to make an accurate determination of the applicant’s county of residence. Where disputes over county of residence arise, the parties involved should submit to the Bureau of Eligibility Administration (BEA) at the Department of Health and Human Services a summary of their position regarding the applicant’s county of residence and documentation which supports their position. Staff of the BEA will review the information and determine the applicant’s county of residence. This decision will be final.

201.1 Migrants/Seasonal Farm Workers

A migrant or seasonal farm worker is considered a resident of the State provided he has not established a domicile in another State. In order to determine if a migrant has established a domicile in another state, the county designee should ask where his home base is located and if he maintains a residence there. One of the primary sources of information on a migrant worker is his crew chief. Another source of information may be food stamp case records. Many migrants receive food stamp benefits.

Although establishing the county of residence is not an eligibility factor, it is important to make certain distinctions for migrants and persons (e.g. “street people”) who have

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no established address in a particular county. For the purpose of determining eligibility, the county of residence is that of the admitting hospital. For the purpose of notifying the hospital of the county of residence, the letter of notification should indicate "00-Migrant" in the part entitled "County of Residence". (See Chapter 7 – Forms for further information.)

201.2 Minors and Students

A minor and/or a financially dependent student absent from home is a resident of the State and county in which his parents reside. If the minor's or student's parents do not live in the same home, the minor student is a resident of the State and county where the parent with legal custody resides. Refer to 302.1

201.3 Residence Verification

Residence should be verified if questionable. Residence may be verified through the use of documents and collateral statements. Appropriate documents are:

1. SC Driver's License
2. Rent receipts
3. Utility or other current billing
4. SC Voter Registration Card
5. Employment records or similar items
6. School records
7. County tax records
8. Food Stamp records

202 Citizenship and Alienage

To qualify for the MIAP, an individual must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This includes certain aliens lawfully present in the United States as a result of the application of the following provisions of the Immigration and Nationality Act:

1. Section 207(c) in effect after March 30, 1980 – Aliens admitted as refugees;
2. Section 203(a) (7) in effect prior to April 1, 1980 – Individuals who were granted status as conditional entrants/refugees;
3. Section 208 – Aliens granted political asylum by the Attorney General;

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4. Section 212(d)(5) – Aliens granted temporary parole status by the Attorney General.

NOTE: A child born in the United States is considered a US citizen regardless of his parent's citizenship status.

202.1 Citizenship Verification

Citizenship should be verified if questionable. Verification methods are:

1. Birth certificates
2. Religious records
3. Certificates of citizenship or naturalization provided by the Bureau of Citizenship and Immigration Services (BCIS)
4. US Passports

202.2 Alien Status Verification

Alien status must be verified if the applicant is identified as an alien. Verification of alien status must be presented by the applicant before approval. Verification documents are:

1. Immigration and Naturalization Services (INS) Form I-151 or I-551 – “Alien Registration Receipt Card”; or the Re-entry Permit”, a passport booklet for lawful permanent resident aliens.
2. INS Form I-94 “Arrival-Departure Record” – The I-94 is valid only if the expiration date has not passed or if an indefinite date is indicated and if annotated with Section 303(a)(7), 207, Section 208, Section 212(d)(5), or Section 243(h) of the Immigration and Nationality Act; or one of the following terms or a combination of the following terms:
 - a) Refugee;
 - b) Parolee or paroled;
 - c) Conditional entry or entrant;
 - d) Asylum

If an INS Form I-94 is annotated with the letters (A) through (L), this is verification that the alien does not meet citizenship requirements unless the alien can present other documentation from INS that he does meet requirements.

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If the INS Form I-94 does not meet the above stated requirements, the applicant must obtain a Form G-641, "Application for Verification of Information from Immigration and Naturalization Service Records." BCIS regional address is:

Bureau of Citizenship and Immigration Services
US Department of Justice
Martin Luther King Federal Building
77 Forsyth Street, S.W.
Atlanta, Georgia 30303
Telephone: (404) 331-3251

Note: Exhibits of the forms discussed in this section may be found at the end of this Chapter.

202.3 Undocumented Aliens Eligible for Emergency Services

Aliens who are not lawfully admitted for permanent residence in the United States or who are not Permanently Residing Under Color of Law (PRUCOL) are eligible for emergency services through the Medicaid program, if the following conditions are met.

1. The alien has a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - a. placing the patient's health in serious jeopardy,
 - b. serious impairment to bodily functions, or
 - c. serious dysfunction of any bodily organ or part.
2. All other Medicaid eligibility requirements must be met except the furnishing of a social security number. This requirement does not have to be met when the application is for emergency services only.

These individuals should be referred to the Medicaid program. Refer to Exhibit IV, page 13 for the types of individuals who are considered undocumented aliens.

203 Institutional Status

Persons who are inmates or residents of public institutions are not eligible for assistance through the MIAP. This includes inmates of correctional facilities who may

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be temporarily absent from the facility due to hospitalization. A public institution is generally defined as: an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Examples of public institutions are: correctional facilities, Department of Disabilities and Special Needs facilities and Department of Mental Health facilities.

Exception: Inmates of county detention facilities who are awaiting trial or whose cases have not been adjudicated may be eligible provided they meet all other eligibility requirements. The county of residence for the inmate is the county where he maintained a domicile prior to incarceration. If his domicile prior to incarceration was out-of-state, the county of residence for the inmate is the county in which the detention facility is located.

204 Social Security Number

Each applicant must provide his Social Security Number if he has one. It is important that the applicant provide a Social Security Number, if it is available, because this number will be used as the unique patient identification number for claims processing.

If the applicant does not have a Social Security Number, he should be referred to the Social Security Administration to apply for one. (Refer to Chapter 6 for a listing of Social Security Offices) The applicant should be instructed to return with verification of his Social Security Number when it is received.

204.1 Assignment of Unique Patient Identification Number

If the applicant is unable to furnish the Social Security Number before eligibility is determined or before the hospital claim is ready to be submitted for payment, the county designee should contact the Bureau of Eligibility Administration at DHHS, to obtain a unique patient identification number. When the Social Security Number is provided by the applicant, the Bureau must be notified so the unique patient identification number can be corrected.

204.2 Social Security Number Verification

Whenever possible, the Social Security Number should be verified. The following documents may be used:

1. Social Security card
2. Any official Social Security document that includes the Social Security Number
3. W-2

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4. Employment records
5. Health insurance policies

NOTE: An applicant cannot be denied assistance solely because he did not provide verification of his Social Security number.

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This chapter states the criteria used to determine if the applicant's income and resources are within the MIAP limits.

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301 Determining Financial Eligibility

In determining eligibility for the MIAP, the income and resources of the applicant's family must be considered and measured against the appropriate standards. Spouses are responsible for spouses and parents are responsible for minor children.

302 Family

The first step in determining the amount of income and resources available to the applicants is to establish the family composition. A family is defined as the applicant and dependents or legally responsible relatives who live in the same household.

Consideration must be given to the applicant's dependent status in determining the family composition.

- A. If the applicant is legally or financially dependent upon someone else in the household, the family is composed of the following household members:
1. The applicant, and
 2. The persons upon whom he is dependent (i.e. the responsible person); and
 3. All persons related to the applicant by blood, marriage, or adoption who are also legally or financially dependent upon the responsible person.

If the applicant is a minor child who lives in the home with a stepparent, the stepparent is considered a member of the family only if the stepparent claims the child as an income tax dependent.

If the applicant is an adult who is financially dependent upon someone else in the household, the applicant is considered a family member only if: the person upon whom he is dependent is a relative; and, both parties agree that one is financially dependent upon the other; and, one could be claimed by the other as a dependent for income tax purposes, whether or not a return is filed.

:

1. The applicant; and
2. The persons related to the applicant by birth, marriage, or adoption and who are legally or financially dependent upon the applicant.

If the applicant has stepchildren living in the home, the stepchildren are included as members of the family only if the stepparent claims them as income tax dependents.

Common-law Relationships. South Carolina law recognizes legal common-law marriages. A legally binding common law marriage is an agreement between two people to be married. Both of the individuals must be legally free to marry and they must hold themselves out to the community as a married couple. To document that a

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common law marriage exists, verification must be obtained that substantiates the fact that both individuals are legally free to marry. Statements are obtained from each partner indicating when the couple began living together as husband and wife and a collateral statement indicating the couple is known to the community as husband and wife. In South Carolina, common law marriages between minors are recognized when the male is at least 14 years old and the female is at least 12 years old.

Unmarried Individuals Living Together. Unmarried individuals who live together, who do not have common children and do not claim to have a common law relationship are not considered members of the same family. Ordinarily the income and resources of one would not be attributed to the other since they are not legally or financially responsible for each other. However, if both parties agree that their income is mutually available, half of the total gross annual income is attributed to the applicant.

Pregnant Women Cases. The family composition for a pregnant woman applicant is as follows:

- the pregnant woman;
- the unborn child(ren);
- the father of the unborn child (if he resides in the home); and
- persons related to the applicant by blood, marriage or adoption who are also legally or financially dependent upon the applicant.

Family Members Recently Deceased. When a member of the applicant's family dies prior to the effective date of the application, the deceased individual is not considered a member of the family. Therefore, his income and resources are not considered in determining the applicant's eligibility **unless** such income and assets are available to the applicant and his family as of the effective date of the application.

When the applicant is deceased and death occurred within 30 days of the date of admission, his income is considered for only the thirteen weeks prior to the date of application and is not annualized.

When the applicant's family composition is questionable, prepare a summary of the family's circumstances and forward it to the Bureau of Eligibility Administration for a determination of family size.

302.1 Minors or Students Absent from Home

To determine the family composition for an applicant who is a minor or a student absent from his parent(s) home, consideration must be given to the minor's or the student's financial dependence upon the parents. Examples of such minors are students or children who choose not to live with their parents. For the purposes of the MIAP, an applicant who is a minor child or a student who is still financially dependent upon his parents is considered a member of his parents' household. If his parents do

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not live in the same home, he is considered a family member in the home of the parent who holds legal custody.

A minor child is always considered a dependent of his parent(s) unless a court order exists which divests the parent(s) and the child of their rights, privileges and annuities, duties and obligations with respect to each other. If such a document exists, the child is not considered a member of the parent's family and the parent's income and resources are not available to the child. A copy of the court order must be filed in the case record as documentation. For students over age eighteen (18), the parent(s) must be contacted to determine if the student is financially dependent upon them. If it is determined that the student is not financially dependent upon the parent(s), the student is not considered a member of their family and the parents income and resources are not available to the child.

303 Income Standards

Only those persons whose gross family income is equal to or less than one hundred percent of the poverty guidelines may qualify for full payment through the MIAP. Only those persons whose gross family income is between one hundred and two hundred percent of the poverty guidelines, may qualify for partial payment through the MIAP. (Refer to Table II through XXIV of this chapter for the Federal Poverty Guidelines.)

304 Computation of Income

The gross annual income of the individual and his family is measured against the annual poverty guidelines for the appropriate size family. Gross annual income should be representative of the family's average earnings. For this reason, the method of calculating gross annual income will vary depending on the employment status of the family members. In all cases, the applicant must be carefully interviewed to determine his employment status. (Refer to 306.2 for the treatment of income when a family member is self-employed.)

304.1 Methods of Verification and Computation

The following describes methods of verifying and computing gross annual income based on the manner in which the income is received.

1. **Fixed Income** is a set benefit or a set income for work performed. An example is someone receiving Social Security benefits or a teacher. If the income is a fixed monthly amount, the income received in the preceding or current month must be verified. The verified monthly income is multiplied by twelve (12) to determine gross annual income. If the income is a fixed amount received semi-monthly, bi-monthly, etc., the income for the

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appropriate pay period must be verified and multiplied by the number of pay periods in a year.

2. **Hourly/Salaried with Bonuses, Commissions and Overtime** is income received regularly and is based on the number of hours worked or a salary which is subject to additional earnings due to overtime, commissions or bonuses. Income received in this manner is usually variable. Therefore, it must be verified for the four (4) weeks prior to the effective date of the application.

If income verification is available for the entire four (4) week period, the income received is multiplied by thirteen (13) to determine gross annual income. If income verification is available for a longer period of time, the income received should be converted to an average weekly income and multiplied by fifty-two (52).

If the applicant does not have four (4) weeks of income (earned or unearned), verify the total amount of income received in the four (4) week period and multiply by thirteen (13) to determine gross annual income.

3. **Irregular Income** is income that varies from week to week or month to month. An example is people who work odd jobs. The method of verifying and computing income is the same as stated in # 2 above.
4. **Self-Employment Income** is income derived from an individual's own business. Examples are farmers, beauticians, "shade tree" mechanics, loggers, etc.

In this situation, determine gross annual income based on income received in the four (4) weeks prior to the effective date of application, multiplied by thirteen (13). If the person does not report income on a weekly or bi-weekly basis, determine gross annual income based on the prior year's income tax return. Deductions are allowed for self-employment income for the cost of doing business. Refer to Chapter 3 Section 306.2 for a list of allowed deductions.

For self-employed individuals who do not file income tax returns or maintain employment records, a signed affidavit regarding their earnings should be obtained.

Example A: The applicant has worked odd jobs all his life, but those jobs have been routinely performed for the same individuals who know the applicant and who are known by the applicant.

In this situation, the applicant should be asked to sign release of information forms. These forms give you, as the designee, permission to obtain necessary documentation. The applicant should

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be able to provide you with the names and addresses of individuals for whom he has worked. With the release of information form, the employers can then be asked to furnish a statement regarding the frequency of employment, such as one (1) day per week and the amount paid.

Example B: The applicant has worked odd jobs all his life but those jobs have been a matter of “pick-up” work here and there. The applicant does not know the names of the individuals for whom he worked.

In this type of situation, the applicant’s statement of gross annual earnings can be accepted. The case record should contain dictation regarding the applicant’s statement and the reason it was accepted.

5. **Seasonal Income** is income, which is generally, received only part of the year. If an individual or family has no other source of income, the amount received during the most recent “season” must be verified and considered to be annual income. If an individual has other income, the amount received during the “season” is combined with the other income to determine gross annual income.

Most recent season is defined as a season which occurred in the twelve (12) months prior to the effective date of the application.

It should be noted that migrants work all during the year. Therefore, their income should be determined based on the method stated in number 2 of this section.

Note: If the earnings of the applicant and his family do not conform to the aforementioned description, contact the Bureau of Eligibility Administration for assistance.

For non-emergency applications, income is verified based on the income received prior to the effective date of application. For emergency admissions and retroactive applications, income is verified based on income received prior to the date of admission rather than the effective date of application.

305 Unearned Income - Definition and Types

Unearned income is any income, which does not meet the definition of earned income. The following payments are considered unearned income (this list is not all inclusive):

1. Unemployment Compensation and Workmen’s Compensation

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2. Assistance Payments Based on Need – Family Independence (FI), SSI, and other cash payments
3. Pensions and Benefits - Annuities, pensions, retirement, veteran's or disability benefits, Social Security benefits, and other such pensions and benefits
4. Strike benefits
5. Support and Alimony - Support or alimony payments from non-household members
6. Contributions - Any cash contribution made to any member of the family by a non-family member (gift or loan)
7. Interest Payments - Payments from government-sponsored programs, dividends, interest, royalties and all other money payments from any source considered a gain or benefit
8. Trust Funds - When a family member receives monies from trust funds, the monies are treated as unearned income
9. Savings, Mortgages, Annuities, Insurance and Other Investments - Dividends and interest from investments, such as stocks, bonds and savings, and payments of interest on mortgages, annuities, insurance, etc. are unearned income. A payment of principal on a mortgage or loan may or may not be unearned income depending on whether or not the applicant loaned the money.
10. Lump Sum Payments - Any lump sum payment is considered unearned income in the month received and becomes a resource if retained to the following month. **EXCEPTION:** Federal and state income tax refunds are excluded from income.
11. Educational Loans, Grants and Scholarships - Any portion of loans, grants, and scholarships which may be used to meet the person's current living expenses (food, clothing or shelter) is counted as income. Any portion, which is clearly designated for tuition, is excluded from income.
12. Capital Gains Income - Any gain received from the sale of an asset is counted as income.

306 Earned Income - Definition and Types

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Earned income includes all income in cash earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which he/she is engaged as a self-employed individual or as an employee. This earned income may be derived from his/her own employment, such as a business enterprise or farming, or derived from wages or salary received as an employee.

306.1 Earned Income Credit

The EIC is a provision of the Federal tax laws that allows the earnings of many individuals and couples to be supplemented either in advance or in a lump sum. This supplement (Earned Income Credit) is counted as earned income.

306.2 Income from Self-employment

Self-employment income is allowed deductions for the cost of doing business. The applicant must provide a record of expenses incurred in the production of the income. Examples of self-employment are beauticians, makeup sales, etc. Allowable costs for producing self-employment income are:

1. Identifiable costs of labor, such as salaries, employer share of Social Security, insurance, etc.
2. Stock, raw materials, seed and fertilizer, feed for livestock used in producing income
3. Rent and costs of maintenance for the business building
4. Business telephone costs
5. Costs of operating a motor vehicle when required in connection with the operation of the business
6. Insurance premiums and taxes paid on the business
7. Costs of feed for work stock
8. Costs of meals for children when day care is provided in the applicant's home
9. Interest paid to purchase income-producing property

The following items are not considered as a cost of producing self-employment income:

1. Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable good.
2. Net losses from previous providers
3. Federal, state and local income taxes, money set aside for retirement purposes, and other work related expenses, such as transportation to and from work. These expenses are accounted for by the earned income deduction.
4. Costs of producing home produce intended for family consumption
5. Family living expenses

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6. Personal debts
7. Entertainment expenses
8. Depreciation expense

After the self-employment income is given the cost of doing business deduction, it is added to any other earned income.

306.3 Boarder or Lodger Income

The worker must verify and document the income received from the boarder or lodger and then exclude the verified actual costs incurred in providing room and/or board. Examples of costs incurred are the additional utilities, cost of food provided, laundry expenses, etc.

If the applicant is unable to provide records that substantiate the costs of providing lodging and/or board, a standard deduction of \$60 monthly may be given for lodging and board and a standard \$20 monthly may be given for lodging only. Any income received in excess of the standard amounts is added to other earned income prior to granting the standard earned income disregards.

After this exclusion, the remaining income is considered earned income and is added to other earned income.

307 Income Verification

All income must be verified and the method, amount and date of verification must be documented. The following are documents that can be used to verify earned income:

1. Pay stubs
2. Employee's W-2 forms
3. Wage tax receipts
4. Federal income tax return
5. Self-employment bookkeeping records
6. Sales and expenditures records
7. Employer's wage records
8. Statements from employer
9. Employment Security Office

The following are documents that can be used to verify other types of income:

1. Social Security award letter (Changes in benefits will not always be reflected.)
2. Benefit payment check
3. Unemployment Compensation award letter
4. Pensions award notice
5. Veterans Administration award notice
6. Correspondence on benefits
7. Income tax records

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8. Railroad award letter
9. Support and alimony papers evidenced by court order, divorce or separation papers, contribution check
10. Social Security Administration records and letters
11. Employment Security Commission
12. Union records
13. Workmen's Compensation records
14. Veterans Administration records and letters
15. Insurance company records
16. Tax records
17. Railroad Retirement Board records
18. Department of Social Services Letter of Notification

NOTE: If the applicant claims to have no income, you may accept his statement; however, he should be carefully interviewed to determine how he obtains food, clothing, and shelter given such circumstances. This information should be included in the case record dictation. If you question the accuracy of his statement, you may request that the applicant go to the Employment Security Commission to obtain the most recent quarterly wage information.

308 Resource Standards

Total countable resources must be within the limits described below:

1. **Home property.** The value of a farm of 50 acres or less on which the applicant or his family resides and has resided for at least twenty-five (25) years is excluded from the resources computation. The equity value of home property other than a family farm cannot exceed \$35,000.
2. **Non-home real property and taxable personal property.** The applicant's or family's total equity interest in non-home real property and taxable personal property such as motor vehicles may not exceed \$6,000. Real property used in a business enterprise is included in the resource determination. Work-related equipment being used in a business enterprise is excluded from the resource determinations.
3. **Household effects.** Household effects such as furniture, kitchen utensils, etc., are not considered in the resource computation.
4. **Liquid assets.** The applicant's or family's total liquid assets may not exceed \$500.

For non-emergency admissions, the value of liquid assets must be determined as of the effective date of the application. For emergency admissions and retroactive

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determinations, the value of liquid assets must be determined as of the date the applicant entered the hospital.

If an applicant claims that he and/or his family members do not own any liquid assets, you may accept his statement. The case record should contain a notation that the applicant's statement was accepted.

- 1) If the total value of all liquid assets owned by the applicant and his family members does not exceed the limit, the liquid asset test is met.
- 2) An applicant with excess liquid assets may establish eligibility if he and/or other members of his family spend the excess amount over \$500 toward the payment of valid debts.

For the purpose of meeting this spend-down requirement, valid debts are defined as:

Rent or Mortgage Payment - The actual amount for rent or mortgage on the primary residence not to exceed a maximum allowable deduction of \$500 per month, per household.

Utilities - The actual amount for utility bills (i.e. electric, gas, oil, kerosene, wood, etc.) not to exceed a maximum allowable deduction of \$150 per month, per household.

Medical Expenses - The actual amount paid for the cost of medical care, i.e. doctor bills, hospital charges, durable medical equipment, prescription drugs, etc. for each family member which were incurred within thirty (30) days prior to the effective date of application or for the applicant, during the period of hospitalization for which assistance is requested.

The applicant must be advised that he must spend-down his excess liquid assets **before** he can qualify for assistance through the fund. The applicant should be advised that the spend-down of excess liquid assets must occur after the effective date of application in order for the expense to be deducted from excess resources and that spend-down may be accomplished in the following way:

The applicant must present paid receipts that verify that the excess amount was used toward the payment of these valid debts which were incurred within thirty (30) days prior to the effective date of application or during the period of hospitalization for which assistance is requested. Spend-down must be accomplished within thirty (30) days of the effective date of the application.

For retroactive applications, the spend-down must be accomplished within thirty (30) days of the date of verification that the value of liquid assets exceeded the limit, if the applicant still owns the excess liquid assets. If the applicant no longer owns the excess liquid assets, the excess amount must have been spent on valid debts in accordance with the above stated procedure.

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309 Non-liquid Resources

The equity interest of non-liquid resources must be considered in the resources computation. Equity interest is the value of the applicant's and/or his family's ownership interest in the resource less any legal indebtedness. To determine a person's equity interest in a non-liquid resource, the following factors must be considered:

1. Ownership interest - The value of a person's ownership interest in property must be considered. A person may have sole ownership. In this case, the equity value in the entire piece of property must be considered a resource and measured against the appropriate standard.

If the person jointly owns property with one or more other persons, only the equity value of the applicant's and/or his family's interest in the property is considered a resource and measured against the appropriate standards.

In addition to joint or sole ownership of property, a person may own the right to use real property. These rights might be in the form of:

- Timber Rights - Timber rights permit an individual to cut and remove free standing trees from property owned by another as designated by contract with the person holding title to the land on which the timber stands. In this case, the value of the timber rights would be considered and measured against the appropriate standards.
- Mineral Rights - A mineral right is an ownership interest in certain natural resources such as coal, sulphur, petroleum, sand, natural gas, etc. which are usually obtained from the ground. Only the value of the mineral right is considered a resource.
- Remainder Interest/Life Estate - A person may also hold a life estate or remainder interest in property. A life estate conveys upon an individual or individuals for his lifetime, certain rights in property. Its duration is measured by the lifetime of the tenant or of another person, or by the occurrence of some specific events, such as remarriage of the tenant. The owner of a life estate has the right of possession, the right to use the property, the right to obtain profits from the property and the right to sell his life estate interest. (However, the contract establishing the life estate may restrain one or more rights of the individual.) He does not have title to the property and he does not have the right to sell the property. He may not usually pass it on to his heirs in the form of an inheritance. See Table 1 in this chapter for the chart used to determine the value of a person's life estate interest in property.

Where an individual owner conveys property to another person for life (life estate holder) and to a second person (the remainder man) upon

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the death of the life estate holder, both a life estate interest and a remainder interest have been created in the property. Upon the death of the life estate holder, the remainder man will hold full title in fee simple. An owner of real property may designate several individuals as remainder men who would hold ownership jointly or in common by will or agreement.

EXAMPLE: Mr. Heath, who is now deceased, conveyed a life estate to his wife in home property that he owned in fee simple both before and after his marriage to Mrs. Heath. Mrs. Heath has the right to live there for the rest of her life. On her death the property will pass to her two sons who own a remainder interest in the property. The will designated that the sons will then own the property as joint tenants. The property is not considered a resource to the remainder man until the property is actually passed on to him.

- Unprobated Estates (Heir Property) - If an individual who owns property dies without making a will and the estate has not been settled and the property is divided among his heirs, the property is called intestate property. If an applicant is an heir, the value of such property must be developed. An heir would not be able to sell the property itself, but he would be able to sell his interest legally without court action and without permission of the other heirs.

The South Carolina Law concerning Descent and Distribution was changed by Act 539 of 1986. The new law is entitled Intestate Succession and Wills and is found at Section 62-2-101, et seq., SC Code of Laws, 1976, as amended. The law provides that the estate of an individual who dies intestate will be divided as follows:

- If the deceased has no children, the widow(er) inherits the entire estate.
- Regardless of the number of children surviving the deceased, the widow(er) inherits $\frac{1}{2}$ of the estate and the remaining $\frac{1}{2}$ is divided equally among the children of the deceased.
- If any of the children of the deceased are not living, but at least one child survives the deceased, the $\frac{1}{2}$ of the estate that is inherited by the children is still divided as though all children survived the parent. The portion to which the child who dies before his parent was entitled, will then be divided amongst his/her heirs according to law.
- If there is no widow(er), the estate would then be divided equally among the children.
- If the deceased was a joint owner of any real property, that portion to which he/she is entitled by law would become a part of his estate and would be divided according to the provisions of the law.

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Note: Any situation, which is not covered in this section, should be referred to the Bureau of Eligibility Administration

Evidence of ownership of property can be obtained by checking the deed, the will, or property and tax records in the county Courthouse. A deed does not have to be recorded to be valid. Tax records can be used only as a guide to other resources of documentation, as the person(s) listed on the tax records is not necessarily the true owner. Adverse possession, which occurs when someone lives on a parcel of land, pays the taxes, and then claims ownership to the property, is not considered legal ownership unless legal title has been conferred by court order.

2. **Tax Assessed Value** - The tax assessed value of the resource is the current market value established by the County Tax Assessor. In addition, the current market value of a motor vehicle may be established by using either the NADA book value or the current market value established by the County Tax Assessor. When using the NADA book to verify value, use only the current month's book and the listed "Trade-In" value. If the applicant wishes to rebut the current market value as established by the tax assessor's office or the NADA book, the following action is required:

Taxable Personal Property - The applicant may obtain an appraisal from a reputable dealer to establish a different value. If the county designee questions the reliability of the appraisal, he may require a second appraisal from another dealer.

Real Property - Rebuttal must be accomplished through an appeal to the assessor's office in the county where the property is located. A copy of the assessor's determination of value must be furnished to the designee. The value established by the assessor must be used.

3. **Legal Indebtedness** - Legal indebtedness is any legal encumbrance such as a note, mortgage or lien, which has been filed against the resource. It is the applicant's responsibility to provide verification of the current amount of the indebtedness. If the applicant fails to furnish verification of indebtedness, the tax-assessed value of the resource should be used in determining equity interest.

Examples of non-liquid resources are:

1. Real property;
2. Personal property, such as boats, vehicles, farm equipment and livestock. Personal property should not be confused with personal effects such as appliances, furniture, clothes and other similarly essential items of limited

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value that are necessary for day to day living, since personal effects are not counted;

3. Buildings.

309.1 Real Property

Real property is treated in the following manner:

1. Home Property - Home property is the applicant's principal place of residence. The home is defined as the home and all contiguous property. This includes all buildings on the contiguous property such as sheds, barns, garages, warehouses, or other houses. If the surrounding property is separated from the home by public rights of way, such as roads, the surrounding property is still considered contiguous to the home. However, if the surrounding property is separated from the home by intervening property owned by others, the surrounding land is not considered contiguous to the home. A mobile home is considered as home property if it is the applicant's principal place of residence. Equity interest in home property, which does not meet the family farm exclusion, must be applied toward the \$35,000 home resource limitation.
2. Non-home Property - Non-home property is any property that is owned by the applicant and/or his family which is not contiguous to the home. The applicant's and/or his family's equity interest in non-home property must be applied toward the \$6,000 resource limitation.

309.2 Taxable Personal Property

The value of the applicant's and/or his family's interest in taxable personal property must be applied toward the \$6,000 resource limitation.

309.3 Buildings

In some instances an applicant or his family may have an ownership interest in a building but not the land on which the building is located. In such cases, the value of the interest in the building must be applied toward the \$6,000 resource limitation.

310 Liquid Resources

The value of the applicant's and/or his family's liquid resources must be applied toward the liquid asset resource limitation as found in Section 308(4). Examples of liquid resources are:

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1. Cash on hand
2. Checking or savings accounts in banks or other savings institutions, including credit unions
3. Savings certificates
4. The market value of stocks or bonds
5. Trust accounts except when inaccessible
6. Funds held in individual retirement accounts (IRA's). The entire cash value of the account, less the amount of any penalty for early withdrawal, is counted.
7. Pension funds that are available.
8. Federal and State Income Tax refunds
9. Pre-need burial contracts
10. Cash value of life insurance. Count cash value only for each family member who has life insurance with a total face value(s) greater than \$10,000. A separate determination must be made for each family member. For each family member who owns life insurance, determine the total face value owned by the individual. (The owner is the insured unless otherwise stipulated in the policy.) If the total face value of all policies owned by the family member does not exceed \$10,000, exclude the cash value of the family member's policies. If the total face value of all policies owned by the family member exceeds \$10,000, exclude the first \$1,500 of cash value and count the amount above \$1,500 as a liquid asset.

Note: Term insurance does not have a cash value.

310.1 Jointly Owned Liquid Resources

When accounts (e.g. savings or checking, stocks or bonds, etc.) are owned jointly and the applicant and/or his family have access to the entire amount in the account, the entire amount is counted toward the resource limit.

To determine whether the person has access to the entire amount, the worker will need to determine if both signatures are needed for access to the resource or if only one signature is needed. One signature means the entire amount is accessible. When both signatures are needed, only a pro-rata share of the account is applied to the resource limit.

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310.2 Trusts

If an applicant and/or a member of his family is the beneficiary of a trust and he has unrestricted access to the principal of the trust, the value of the principal is counted as a resource. The value of the trust principal is measured against the liquid asset resource limitation.

If the beneficiary of the trust does not have access to the trust and the trustee either does not have the authority or refuses to make the trust principal available to the beneficiary, the trust principal is not counted as a resource. If the applicant or family member does not have access to the trust principal, only the income and/or other benefits from the trust is counted.

310.03 Burial Plots

A burial plot is defined as a conventional gravesite, crypt, mausoleum, urn or other repository, which is customarily and traditionally used for the remains of a deceased person. Burial plots owned by the applicant and/or his family are excluded from resources.

311 Household Effects

Clothing, household goods, personal effects and furnishings used for day-to-day living are excluded.

312 Resource Verification

All resources must be verified and the method, amount and date of verification must be documented. The following are documents that can be used to verify resources:

1. Bank statements
2. Tax assessor records
3. Real estate forms
4. Insurance policies
5. Insurance agencies
6. Statement from other owner when there is joint ownership
7. Current official correspondence received by the applicant
8. Court Records - Deeds, Titles, etc.
9. Current NADA Book

NOTE: If the applicant states that he and/or his family do not own real property or taxable personal property, the courthouse records must be searched

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to verify his statement. Courthouse records do not have to be searched in the name of minor children unless there is an indication that they own real and personal property. For re-applications which are filed within six (6) months of an MIAP eligible hospital stay, it is not necessary to reverify (i.e., search of courthouse records) the ownership and value of real and personal property unless the applicant indicates that their circumstances have changed. When an applicant does not claim ownership of liquid assets, his statement may be accepted; however, he should be carefully interviewed to ensure that his statement is realistic.

313 Transfer of Resources

An applicant and/or his family who transferred resources without receiving full compensation within three (3) months prior to the period of hospitalization, for which the application for assistance is made, may not be eligible. The application must be denied if the uncompensated value in combination with other resources exceeds the appropriate resource limitation.

Although transfer of a resource without receipt of full compensation may result in ineligibility for MIAP for up to 12 months, the person may establish eligibility if it is determined that he later receives full market value for the transferred resource. The person may establish that full compensation was received provided the resource is returned or the applicant receives fair market value for the transferred resource and the proceeds are used for living and/or medical expenses of the applicant to the point that the resource is reduced to within the appropriate resource limitation.

The transfer of resources policy applies to:

1. Transfers made by an applicant and/or his family, or on their behalf by a person acting for and legally authorized to execute a contract for the applicant and/or his family (such as legal representative, parent of minor child, holder of power of attorney, etc.);
2. Transfers of liquid and non-liquid resources (cash, bank accounts, etc. by giving to another individual, creation of irrevocable trusts, petitioning courts to set aside funds for a specific purpose, etc.);
3. Waiver or suspension of benefits to which the individual is legally entitled, e.g., inheritance, insurance settlement and proceeds of a loan.

The transfer of resources policy does not apply to:

1. Actions taken by persons not listed in #1 above (for example, policy does not apply to withdrawal of funds by another person from a bank account jointly

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held with the eligible applicant unless the other person is the spouse or parent of the applicant);

2. A resource that is spent or used to repay a valid debt;
3. Valid loans made by an eligible individual or eligible spouse.

314 Treatment of Cash Received to Replace/Repair Lost, Damaged or Stolen Resources

Cash received from any source (e.g. insurance companies, Federal or State agencies, public or private organizations, other individuals) for the purpose of replacing or repairing a resource that is lost, damaged or stolen is not income but a resource that has changed form.

When it is determined that cash will be or is received for the purpose of replacing or repairing a resource, the total amount of such cash is excluded from the income computation for a period of six (6) months from the month of receipt. However, it is not excluded from resources; it is counted as the resource it replaces would have been counted.

Cash which is received for personal injury, death or other purposes is not excluded from income or resources under this provision even if the cash is received in conjunction with and/or from the same source as cash intended to replace or repair a resource.

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FAMILY COMPOSITION CHART

RELATIONSHIP TO THE APPLICANT	WHERE LIVING	INCLUDED AS FAMILY MEMBER	VERIFICATION
Spouse (includes common law)	In the home	Yes	Applicant's statement
Spouse	Separated and living out of the home for 30 days from effective date of application.	No	Collateral statement from (2) non-related family members. Ex: landlord or neighbor
Minor Child	In the home	Yes	Applicant's statement
Minor Child (applicant)	Out of the home	Yes, unless parental rights are terminated by court order	Parental statement, if yes. Court order, if no.
Child over 18	In the home or attending school	Yes, if both parties agree, one is financially dependent on the other	Written statement from both parties & case notes, which verify that one, could claim the other as a dependent for tax purposes.
Other Relatives	In the home	Yes, if both parties agree, one is financially dependent on the other	Written statement from both parties & case notes that verify that one could claim the other as a dependent for tax purposes.
Non-Relatives	In the home	No - Refer to page 3 of this chapter for treatment.	Applicant's statement
Unmarried couple with common child	In the home	Yes	Applicant's statement or birth record

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TABLE I:
 UNISEX LIFE ESTATE OR REMAINDER TABLE

AGE	LIFE ESTATE	REMAINDER
0	.97188	.02812
1	.98988	.01012
2	.99017	.00983
3	.99008	.00992
4	.98981	.01019
5	.98938	.01062
6	.98884	.01116
7	.98822	.01178
8	.98748	.01252
9	.98663	.01337
10	.98565	.01435
11	.98453	.01547
12	.98329	.01671
13	.98198	.01802
14	.98066	.01934
15	.97937	.02063
16	.97815	.02185
17	.97700	.02300
18	.97590	.02410
19	.97480	.02520
20	.97365	.02635
21	.97245	.02755
22	.97120	.02880
23	.96986	.03014
24	.96841	.03159
25	.96678	.03322
26	.96495	.03505
27	.96290	.03710
28	.96062	.03938
29	.95813	.04187
30	.95543	.04457
33	.95254	.04746
32	.94942	.05058
33	.94608	.05392
34	.94250	.05750

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AGE	LIFE ESTATE	REMAINDER
35	.93868	.06132
36	.93460	.06540
37	.93026	.06974
38	.92567	.07433
39	.92083	.07917
40	.91571	.08429
41	.91030	.08970
42	.90457	.09543
43	.89855	.10145
44	.89221	.10779
45	.88558	.11442
46	.87863	.12137
47	.87137	.12863
48	.86374	.13626
49	.85578	.14422
50	.84743	.15257
51	.83674	.16126
52	.82969	.17031
53	.82028	.17972
54	.81054	.18946
55	.80046	.19954
56	.79006	.20994
57	.77931	.22069
58	.76822	.23178
59	.75675	.24325
60	.74491	.25509
61	.73267	.26733
62	.72002	.27998
63	.70696	.29304
64	.69352	.30648
65	.67970	.32030
66	.66551	.33449
67	.65098	.34902
68	.63610	.36390
69	.62086	.37914

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AGE	LIFE ESTATE	REMAINDER
75	.52149	.47851
76	.50441	.49559
77	.48742	.51258
78	.47049	.52951
79	.45357	.54643
80	.43659	.56341
81	.41967	.58033
82	.40295	.59705
83	.38642	.61358
84	.36998	.63002
85	.35359	.64641
86	.33764	.66236
87	.32262	.67738
88	.30859	.69141
89	.29526	.70474
90	.28221	.71779
91	.26955	.73045
92	.25771	.74229
93	.24692	.75308
94	.23728	.76272
95	.22887	.77113
96	.22181	.77819
97	.21550	.78450
98	.21000	.79000
99	.20486	.79514
100	.19975	.80025
101	.19532	.80468
102	.19054	.80946
103	.18437	.81563
104	.17856	.82144
105	.16962	.83038
106	.15488	.84512
107	.13409	.86591
108	.10068	.89932
109	.04545	.95455

TABLE II

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Use this table when processing MIAF applications for hospital admissions on January 1, 1986 through April 30, 1986.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 5,250	\$10,500
2	7,050	14,100
3	8,850	17,700
4	10,650	21,300
5	12,450	24,900
6	14,250	28,500
7	16,050	
8	17,850	
For families with more than 8 persons, add \$1,800 for each additional member.		

TABLE III

Use this table when processing MIAF applications for hospital admissions on or after May 1, 1986.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 5,380	\$10,760
2	7,240	14,480
3	9,120	18,240
4	11,000	22,000
5	12,880	25,760
6	14,760	29,520
7	16,640	
8	18,520	
For families with more than 8 persons, add \$1,880 for each additional member.		

TABLE IV

Use this table when processing MIAF applications for hospital admissions on or after May 1, 1987.

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<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 5,500	\$11,000
2	7,400	14,800
3	9,300	18,600
4	11,200	22,400
5	13,100	26,200
6	15,000	30,000
7	16,900	33,800
8	18,800	37,600

For families with more than 8 persons, add \$1,900 for each additional member.

TABLE V

Use this table when processing MIAF applications for hospital admissions on or after May 1, 1988.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 5,770	\$11,540
2	7,730	15,460
3	9,690	19,380
4	11,650	23,300
5	13,610	27,220
6	15,570	31,140
7	17,530	35,060
8	19,490	38,980

For families with more than 8 persons, add \$1,960 for each additional member.

TABLE VI

Use this table when processing MIAF applications for hospital admissions on or after May 1, 1989.

<u>Poverty Scale</u>	
100%	200%

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<u>Family Size</u>	<u>Gross Annual Income</u>	<u>Gross Annual Income</u>
1	\$ 5,980	\$11,960
2	8,020	16,040
3	10,060	20,120
4	12,100	24,200
5	14,140	28,280
6	16,180	32,360
7	18,220	36,440
8	20,260	40,520

For families with more than 8 persons, add \$2,040 for each additional member.

TABLE VII

Use this table when processing MIAF applications for hospital admissions on or after May 1, 1990.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 6,280	\$12,560
2	8,420	16,840
3	10,560	21,120
4	12,700	25,400
5	14,840	29,680
6	16,980	33,960
7	19,120	38,240
8	21,260	42,520

For families with more than 8 persons, add \$2,140 for each additional member.

TABLE VIII

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1991.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 6,620	\$ 13,240

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2	8,880	17,760
3	11,140	22,280
4	13,400	26,800
5	15,660	31,320
6	17,920	35,840
7	20,180	40,360
8	22,440	44,880
For families with more than 8 persons, add \$2,260 for each additional member.		

TABLE IX

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1992.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 6,810	\$ 13,620
2	9,190	18,380
3	11,570	23,140
4	13,950	27,900
5	16,330	32,660
6	18,710	37,420
7	21,090	42,180
8	23,470	46,940
For families with more than 8 persons, add \$2,380 for each additional member.		

TABLE X

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1993.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 6,970	\$ 13,940
2	9,430	18,860

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3	11,890	23,780
4	14,350	28,700
5	16,810	33,620
6	19,270	38,540
7	21,730	43,460
8	24,190	48,380

For families with more than 8 persons, add \$2,460 for each additional member.

TABLE XI

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1994.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 7,360	\$ 14,720
2	9,840	19,680
3	12,360	24,720
4	14,800	29,600
5	17,280	34,560
6	19,760	39,520
7	22,240	44,480
8	24,720	49,440

For families with more than 8 persons, add \$2,480 for each additional member.

TABLE XII

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1995.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 7,470	\$ 14,940
2	10,030	20,060
3	12,590	25,180
4	15,150	30,300
5	17,710	35,420

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6	20,270	40,540
7	22,830	45,660
8	25,390	50,780
For families with more than 8 persons, add \$2,560 for each additional member.		

TABLE XIII

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1996.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 7,740	\$ 15,480
2	10,360	20,720
3	12,980	25,960
4	15,600	31,200
5	18,220	36,440
6	20,840	41,680
7	23,460	46,920
8	26,080	52,160
For families with more than 8 persons, add \$2,620 for each additional member.		

TABLE XIV

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1997.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 7,890	\$ 15,780
2	10,610	21,220
3	13,330	26,660
4	16,050	32,100
5	18,770	37,540
6	21,490	42,980
7	24,210	48,420

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8	26,930	53,860
For families with more than 8 persons, add \$2,720 for each additional member.		

TABLE XV

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1998.

<u>Poverty Scale</u>		
<u>Family Size</u>	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 8,050	\$ 16,100
2	10,850	21,700
3	13,650	27,300
4	16,450	32,900
5	19,250	38,500
6	22,050	44,100
7	24,850	49,700
8	27,650	55,300
For families with more than 8 persons, add \$2,800 for each additional member.		

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TABLE XVI

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1999.

<u>Poverty Scale</u>		
<u>100%</u>		<u>200%</u>
<u>Family Size</u>	<u>Gross Annual Income</u>	<u>Gross Annual Income</u>
1	\$ 8,240	\$ 16,480
2	11,250	22,120
3	13,880	27,760
4	16,700	33,400
5	19,520	39,040
6	22,340	44,680
7	25,160	50,320
8	27,980	55,960

For families with more than 8 persons, add \$2,820 for each additional member.

TABLE XVII

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2000.

<u>Poverty Scale</u>		
<u>100%</u>		<u>200%</u>
<u>Family Size</u>	<u>Gross Annual Income</u>	<u>Gross Annual Income</u>
1	\$ 8,350	\$ 16,700
2	11,250	22,500
3	14,150	28,300
4	17,050	34,100
5	19,950	39,900
6	22,850	45,700
7	25,750	51,500
8	28,650	57,300

For families with more than 8 persons, add \$2,900 for each additional member.

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TABLE XVIII

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2001.

<u>Family Size</u>	<u>Poverty Scale</u>	
	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 8,590	\$ 17,180
2	11,610	23,220
3	14,630	29,260
4	17,650	35,300
5	20,670	41,340
6	23,690	47,380
7	26,710	53,420
8	29,730	59,460

For families with more than 8 persons, add \$3,020 for each additional member.

TABLE XIX

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2002.

<u>Family Size</u>	<u>Poverty Scale</u>	
	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 8,860	\$ 17,720
2	11,940	23,880
3	15,020	30,040
4	18,100	36,200
5	21,180	42,360
6	24,260	48,520
7	27,340	54,680
8	30,420	60,840

For families with more than 8 persons, add \$3,080 for each additional member.

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TABLE XX

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2003.

<u>Family Size</u>	<u>Poverty Scale</u>	
	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 8,980	\$ 17,960
2	12,120	24,240
3	15,260	30,520
4	18,400	36,800
5	21,540	43,080
6	24,680	49,360
7	27,820	55,640
8	30,960	61,920

For families with more than 8 persons, add \$3,140 for each additional member.

TABLE XXI

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2004.

<u>Family Size</u>	<u>Poverty Scale</u>	
	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$ 9,310	\$ 18,620
2	12,490	24,980
3	15,670	31,340
4	18,850	37,700
5	22,030	44,060
6	25,210	50,420
7	28,390	56,780
8	31,570	63,140

For families with more than 8 persons, add \$3,180 for each additional member.

TABLE XXII

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Use this table when processing MIAP applications for hospital admissions on or after May 1, 2005.

<u>POVERTY SCALE</u>		
Family Size	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$9,570	\$19,140
2	\$12,830	\$25,660
3	\$16,090	\$32,180
4	\$19,350	\$38,700
5	\$22,610	\$45,220
6	\$25,870	\$51,740
7	\$29,130	\$58,260
8	\$32,390	\$64,780
For families with more than 8 persons, add \$3,260 for each additional member.		

TABLE XXIII

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2006.

<u>POVERTY SCALE</u>		
Family Size	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$9,800	\$19,600
2	\$13,200	\$26,400
3	\$16,600	\$33,200
4	\$20,000	\$40,000
5	\$23,400	\$46,800
6	\$26,800	\$53,600
7	\$30,200	\$60,400
8	\$33,600	\$67,200
For families with more than 8 persons, add \$3,260 for each additional member.		

TABLE XXIV

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2007.

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<u>POVERTY SCALE</u>		
Family Size	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$10,210	\$20,420
2	\$13,690	\$27,380
3	\$17,170	\$34,340
4	\$20,650	\$41,300
5	\$24,130	\$48,260
6	\$27,610	\$55,220
7	\$31,090	\$62,180
8	\$34,570	\$69,140
For families with more than 8 persons, add \$3,480 for each additional member.		

TABLE XXV

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2008.

<u>POVERTY SCALE</u>		
Family Size	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$10,400	\$20,800
2	\$14,000	\$28,000
3	\$17,600	\$35,200
4	\$21,200	\$42,400
5	\$24,800	\$49,600
6	\$28,400	\$56,800
7	\$32,000	\$64,000
8	\$35,600	\$71,200
For families with more than 8 persons, add \$3,600 for each additional member.		

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TABLE XXVI

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2009.

<u>POVERTY SCALE</u>		
Family Size	<u>100% Gross Annual Income</u>	<u>200% Gross Annual Income</u>
1	\$10,830	\$21,660
2	\$14,570	\$29,140
3	\$18,310	\$36,620
4	\$22,050	\$44,100
5	\$25,790	\$51,580
6	\$29,530	\$59,060
7	\$33,270	\$66,540
8	\$37,010	\$74,020
For families with more than 8 persons, add \$3,740 for each additional member.		

Section

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401

Public Assistance Programs

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The purpose of this chapter is to provide general eligibility criteria for other programs to assist in appropriate referrals. Applicants who appear to be qualified for public assistance, Medicaid or other benefits should be referred to the appropriate agency for an eligibility determination.

401 Public Assistance Programs

The Department of Social Services determines eligibility for the following program:

401.1 Family Independence (FI)

Adults and/or their minor children (or other child related by blood or marriage) must meet these requirements. If determined eligible, they receive a cash payment.

1. Living Arrangements - The minor child must live in the home with the parent or caretaker relative.
2. Income - Gross family income must be within certain ranges. Countable monthly income must be within certain ranges. At application, countable income is generally gross income minus childcare expenses and a \$100 standard earned income deduction for each family member who has earned income. (See table 1 at the end of this chapter for the income limits).
3. Resources - Countable resources of the family cannot exceed \$2,500. (Note: The home is excluded. Up to \$1,500 equity value in an automobile is excluded. Generally other resources are counted.)

402 Medicaid Programs

The Department of Health and Human Services determines eligibility for Medicaid Programs.

402.1 FI Related Groups

These are people who meet the **FI** standards described above, but who do not receive a cash payment. They receive Medicaid benefits only.

1. Low Income Families (LIF) - This refers to persons who meet the **FI** income standards.
2. Four Months Extended Benefits - This refers to persons who lost their LIF eligibility due to increased child and spousal support collections. These persons meet all LIF criteria except that their increased child and spousal support payments caused their income to exceed the limits.

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3. Transitional Medicaid Benefits - These are persons who lost eligibility because of increased earnings/hours of employment of the caretaker or loss of the LIF 50% by any member of the budget group.
4. Ribicoff Children - These are children under age 18 who meet the **FI** income standards.

For programs mentioned in numbers 2 and 3, a referral from an outside source is generally inappropriate.

402.2 Pregnant Women and Children

Effective June 1, 1989, Medicaid coverage was extended to pregnant women and infants (children under age 1) with countable income below 185% of the federal poverty guidelines. Resources are considered in determining their eligibility; the resource limit is \$30,000. They receive Medicaid benefits only.

Medicaid coverage extended to children by age and effective dates:

from age 1 – 6	<i>(effective 4/1/89)</i>
up to age 7	<i>(effective 10/1/89)</i>
up to age 8	<i>(effective 7/1/91)</i>
up to age 9	<i>(effective 10/1/91)</i>
up to age 10	<i>(effective 10/1/92)</i>
up to age 11	<i>(effective 10/1/93)</i>
up to age 12	<i>(effective 10/1/94)</i>
up to age 13	<i>(effective 10/1/95)</i>
up to age 14	<i>(effective 10/01/96)</i>
up to age 19	<i>(effective 8/1/97)</i>

The following income limit applies:

- Children age 1 to age 19 with family income below 150% of the federal poverty guidelines. (Refer to Table III for these limits.)

Resources are considered in determining eligibility. The resource limit for a family is \$30,000.

402.3 Individuals Under 21 With Special Living Arrangements

These individuals do not receive a cash payment. The following conditions must be met in order for them to qualify for Medicaid benefits:

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1. Income The individual must have countable income less than the **FI** income limit. See Table I at the end of this chapter.
2. Resources Resources are considered in determining eligibility. The resource limit is \$30,000.
3. Living Arrangements The individual must reside in a foster home or private institution. The board payment for the individual's care must be fully or partially sponsored by public funds.

402.4 Title IV E Adoption Assistance or Foster Care Maintenance Payments

These are children who were or would have been eligible for FI benefits at the time they were placed for adoption or in foster care.

402.5 Pass-Along

These are individuals who:

1. Were eligible for and received both Supplemental Security Income (SSI) and Social Security benefits in one or more months since April 1977; and
2. Would be eligible for SSI now "but for" certain Social Security cost of living increases and/or changes in the calculation of their Social Security benefits.

Persons who qualify under the pass-along provision are eligible to receive Medicaid benefits. The following criteria must be met:

1. Categorical Relationship The individual must be aged, blind or totally and permanently disabled.
2. Income Countable income (income minus the abovementioned increases) cannot exceed the income limit. The current limit is:

Individual \$ 674
Couple \$1,011
3. Resources Countable Resources cannot exceed the limit.
The current limit is:

Individual \$2,000

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Medicaid cap. The current limit is:

Individual \$2,022

- | | |
|------------------------|---|
| 3. Resources | Countable resources must be within the limit.
The current limit is: Individual \$2,000
The most common resources excluded are the home and funds designated for burial. |
| 4. Living Arrangements | The individual must reside in a Medicaid certified facility for thirty (30) consecutive days. |
| 5. Level of Care | The individual must need skilled or intermediate nursing care. |

402.8 Individuals Who Receive Home and Community Based Services

These are individuals who meet the criteria for Medical Assistance Only - Institutional Care (Section 401.8) except for living arrangements.

This coverage group consists of:

- Individuals who receive home and community based services because they need nursing care, but who choose to live at home and receive waiver services; and,
- Individuals diagnosed with AIDS who are at a greater risk of hospitalization.

402.9 Grandfathered Cases

These are individuals whose Medicaid eligibility is determined according to the eligibility criteria that were in effect in December 1973. There are very few, if any, of these recipients.

402.10 Essential Spouses

These are spouses of Supplemental Security Income recipients who were grandfathered into the SSI program and who would continue to meet December 1973 criteria if their SSI payment were not counted.

402.11 Aged, Blind or Disabled with Income Below Poverty (ABD)

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These are individuals who are aged, blind or disabled with countable income at or below 100% of poverty. They receive Medicaid benefits only.

- | | | | | | |
|-----------------------------|---|------------|---------|--------|---------|
| 1. Categorical Relationship | The individual must be aged, blind, or disabled. For disability, the individual must meet the Social Security definition of total and permanent disability. | | | | |
| 2. Income | Countable income cannot exceed the income limitation. The current income limit is: <table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$903</td></tr><tr><td>Couple</td><td>\$1,215</td></tr></table> | Individual | \$903 | Couple | \$1,215 |
| Individual | \$903 | | | | |
| Couple | \$1,215 | | | | |
| 3. Resources | Countable resources cannot exceed the resource limit. The current limit is: <table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$4,000</td></tr><tr><td>Couple</td><td>\$6,000</td></tr></table> | Individual | \$4,000 | Couple | \$6,000 |
| Individual | \$4,000 | | | | |
| Couple | \$6,000 | | | | |

The most common exclusions from the resources computation are the home and funds designated for burial. In addition, other resources are excluded for this group such as heirs property, life estate interest in property and one automobile.

402.12 Qualified Medicare Beneficiaries (QMB)

These are individuals who are required to have Medicare Part A hospital insurance and income at or below 100% of poverty.

- | | | | | | |
|-----------------------------|---|------------|--------|--------|----------|
| 1. Categorical Relationship | The individual must be entitled to Medicare Part A hospital insurance. | | | | |
| 2. Income | Countable income cannot exceed the income limitation. The current income limit is: <table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$ 903</td></tr><tr><td>Couple</td><td>\$ 1,215</td></tr></table> | Individual | \$ 903 | Couple | \$ 1,215 |
| Individual | \$ 903 | | | | |
| Couple | \$ 1,215 | | | | |
| 3. Resources | Countable resources cannot exceed the resource limit. The current limit is: <table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$4000</td></tr><tr><td>Couple</td><td>\$6000</td></tr></table> | Individual | \$4000 | Couple | \$6000 |
| Individual | \$4000 | | | | |
| Couple | \$6000 | | | | |

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The most common exclusions from the resources computation are the home and funds designated for burial. In addition, other resources are excluded for this group such as heirs property, life estate interest in property and one automobile.

402.13 Specified Low-Income Medicare Beneficiaries (SLMB)

These are individuals who are required to have Medicare Part A hospital insurance and income between 100% and 135% of poverty. For these individuals, the Medicaid program pays the Medicare Part B premiums only. These individuals are not entitled to the full range of Medicaid benefits.

- | | | | | | |
|-----------------------------|---|------------|---------|--------|---------|
| 1. Categorical Relationship | The individual must be entitled to Medicare Part A. | | | | |
| 2. Income | Countable income cannot exceed the income limitation. The current income limit is:

<table border="0" style="margin-left: 40px;"><tr><td>Individual</td><td>\$1,083</td></tr><tr><td>Couple</td><td>\$1,457</td></tr></table> | Individual | \$1,083 | Couple | \$1,457 |
| Individual | \$1,083 | | | | |
| Couple | \$1,457 | | | | |
| 3. Resources | Countable resources cannot exceed the resource limit. The current limit is:

<table border="0" style="margin-left: 40px;"><tr><td>Individual</td><td>\$4,000</td></tr><tr><td>Couple</td><td>\$6,000</td></tr></table> | Individual | \$4,000 | Couple | \$6,000 |
| Individual | \$4,000 | | | | |
| Couple | \$6,000 | | | | |

402.14 Katie Beckett (TEFRA) Children

These are children age 18 and under who meet the following criteria.

- | | |
|-----------------------------|--|
| 1. Categorical relationship | The child must be totally and permanently disabled. |
| 2. Income | The child's gross income cannot exceed the Medicaid cap. The current limit is \$2, 022 (parent's income not counted). |
| 3. Resources | The child's countable resources must be within the limit. The current limit is \$2,000 (parent's resources not counted). |

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- | | |
|------------------------|---|
| 4. Living Arrangements | The living arrangements must be home or in the community. |
| 5. Level of Care | The children must need a level of care provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded. |

402.15 Partners for Healthy Children

These are children age 1 to age 19 who meet the following criteria:

- | | |
|---|---|
| 1. Categorical relationship | The child must be under age 19. |
| 2. Income | The child's gross family income must be at or below 150% of the federal poverty guidelines. |
| 3. Resources | Resources are considered in determining eligibility. The limit for a family is \$30,000. |
| 4. Family Composition | |
| A. The family is composed of parent(s) and children; | |
| B. If there is a parent and a stepparent in the home, with no children in common, both parents and the children may be considered as a single unit. | |
| <ul style="list-style-type: none">• If all family members wish to apply as a single-family unit, the needs and income of all of the family members would be included in the budget. However, if either parent does not want to apply for Medicaid for their child, the other parent and their child would be considered a single unit for budgeting purposes. The needs and income of the parent whose child is not included would not be counted in the eligibility determination. If it would be to the family's advantage to apply as two single units, two separate budget groups may be established. | |
| C. If the child lives independently or with a relative other than his parents, only the income of the child is counted. Relatives such | |

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as grandparents, aunts and uncles are not counted as part of the child's family.

If the child is approved, eligibility lasts for a year at a time. Therefore, changes in family income need to be reported only at the annual review.

402.16 Working Disabled

These are individuals who are disabled and working.

- | | |
|-----------------------------|--|
| 1. Categorical relationship | The individual must be disabled and working. |
| 2. Income | The individual's income is determined using a two step method. |

Step 1. The individual's family's (the applicant, their spouse, and their minor children who live with them) monthly income, after certain deductions, must be below 250% of the poverty level. If the family income meets this test, go to Step 2.

Step 2. The individual's unearned income is less than or equal to 100% of the Federal Poverty Level for an individual.

- | | |
|--------------|--|
| 3. Resources | The individual's countable resources cannot exceed the resource limit. The current limit is \$4,000. |
|--------------|--|

402.17 Breast and Cervical Cancer Program (BCCP)

Medicaid coverage is available to some women who need treatment for breast or cervical cancer.

- | | |
|-----------------------------|--|
| 1. Categorical Relationship | The individual must be a female age 40 through 64 who has been screened for breast or cervical cancer under the South Carolina Department of Health and Environmental Control's Best Chance Network and been found to need treatment for either breast or cervical cancer. |
|-----------------------------|--|

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- | | |
|-------------|---|
| 2. Income | Income must not exceed 200% of the federal poverty level. |
| 3. Resource | Resources are not considered in determining eligibility. |

403 Supplemental Security Income (SSI)

The Social Security Administration determines eligibility for Supplemental Security Income (SSI). SSI recipients receive a cash payment. SSI recipients are automatically entitled to Medicaid benefits. Individuals must meet the following basic criteria to establish eligibility for SSI.

- | | | | | | |
|-----------------------------|--|------------|---------|--------|---------|
| 1. Categorical Relationship | The individual must be aged, blind, or disabled. For disability, the individual must meet the Social Security definition of total and permanent disability. | | | | |
| 2. Income | Countable income cannot exceed the income limitation. The current income limit is:

<table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$674</td></tr><tr><td>Couple</td><td>\$1,011</td></tr></table> | Individual | \$674 | Couple | \$1,011 |
| Individual | \$674 | | | | |
| Couple | \$1,011 | | | | |
| 3. Resources | Countable resources cannot exceed the resource limit. The current limit is:

<table border="0" style="margin-left: 400px;"><tr><td>Individual</td><td>\$2,000</td></tr><tr><td>Couple</td><td>\$3,000</td></tr></table> | Individual | \$2,000 | Couple | \$3,000 |
| Individual | \$2,000 | | | | |
| Couple | \$3,000 | | | | |

The most common exclusions from the resources computation are the home and funds designated for burial.

404 Crime Victims' Compensation Fund Act

This act was enacted by the 1982 session of the General Assembly and became law on January 1, 1983. The fund provides for the reimbursement of out-of-pocket expenses for

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personal injuries suffered by victims and for which they are unable to collect from any other source.

A claim may be filed by any South Carolina resident or a non resident who was the actual victim of a crime committed in South Carolina on or after January 1, 1983, or who was injured attempting to prevent a crime or injured attempting to apprehend a criminal after the commission of a crime. In the event this person is killed, a surviving spouse, children or parents may file a claim.

To qualify for compensation under the Act, the claimant must establish that:

- A crime has been committed which resulted in the injury or death of the victim or the intervener, who did not contribute to the crime or injuries;
- The crime was reported to the proper authorities within 48 hours;
- The claimant has fully cooperated with the police; and,
- The claimant has unpaid medical expenses, loss of earnings, or funeral expenses.

Any award for compensation will be only for those amounts for which the claimant is not reimbursed from any other source. No award will be made for damage to, or loss of, personal property. No award will be made for injuries received in a motor vehicle accident, unless such injuries were intentionally inflicted upon the claimant by the driver of a motor vehicle.

Claims must be filed within 180 days after the occurrence of the crime upon which the claim is based or within 180 days of the death of a victim/intervener. Claims should be filed by mail or in person at:

800 Dutch Square Boulevard, Suite 160
Columbia, South Carolina 29210.

TABLE I
NEED STANDARD TABLE FOR FAMILY INDEPENDENCE
AND LOW-INCOME FAMILIES

Family Size	Gross Income Limit	Net Income Limit
1	\$ 835	\$ 452
2	1,124	608
3		

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CHAPTER 4 – ELIGIBILITY CRITERIA FOR OTHER PROGRAMS

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Family Size	Gross Income Limit	Net Income Limit
	1,412	764
4	1,700	920
5	1,988	1,076
6	2,277	1,231
7	2,565	1,387
8	2,853	1,543
9	3,143	1,699

For family sizes over 9, add \$156 for each extra person to net income limit for 9.
 To calculate the gross income limit, multiply the net income by 185%.

TABLE II
COVERAGE FOR CHILDREN AGE 1 TO 19
150% OF FEDERAL POVERTY LEVEL

Family Size	Monthly Income	Annual Income
1	\$ 1,354	\$16,245
2	1,822	21,855
3	2,289	27,465
4	2,757	33,075
5	3,224	38,685
6	3,692	44,295
7	4,159	49,905
8	4,627	55,515
9	5,076	60,915

For each additional family member add \$5,400 to the annual income.
 Divide by 12 and round up to the next whole dollar for the monthly income.

TABLE III
OPTIONAL COVERAGE FOR PREGNANT WOMAN AND INFANTS
185% OF FEDERAL POVERTY LEVEL

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Family Size	Monthly Income	Annual Income
1	\$1,670	\$20,036
2	2,247	26,955
3	2,823	33,874
4	3,400	40,793
5	3,976	47,712
6	4,553	54,631
7	5,130	61,550
8	5,706	68,469
9	6,284	75,388

For each additional family member add, \$6,919 to the annual income.
Divide by 12 and round up to the next whole dollar for the monthly income.

TABLE IV
COVERAGE FOR AGED, BLIND AND DISABLED
100% OF FEDERAL POVERTY LEVEL

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1 (INDIVIDUAL)	\$ 903	\$10,830
2 (COUPLE)	1,215	14,570

TABLE V
COVERAGE FOR SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMB)
COVERAGE FOR QUALIFYING INDIVIDUALS (QI)

FAMILY SIZE	SLMB-120%	QI-135%
	Monthly	Monthly

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1 (INDIVIDUAL)	\$ 1,083	\$ 1,219
2 (COUPLE)	1,457	1,640

TABLE VI
COVERAGE FOR WORKING DISABLED
250% OF FEDERAL POVERTY LEVEL

Family Size	Monthly Income	Annual Income
1	\$2,257	\$27,075
2	3,036	36,425
3	3,815	45,775
4	4,594	55,125
5	5,373	64,475
6	6,153	73,825

For each additional family member, add \$9,350 to the annual income.
Divide by 12 and round up to the next whole dollar for the monthly income.

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501 General Information

501.1 Services

The MIAP sponsors inpatient hospital services in general acute care hospitals. Inpatient psychiatric services are covered for emergency admissions only. The standard for an emergency admission shall be the physician's belief that the person is mentally ill and because of his condition is likely to cause serious harm to himself or others if not immediately hospitalized.

Section 44-6-150 of the Medically Indigent Assistance Act (MIAA) provides that "A general hospital equipped to provide the necessary treatment shall:

1. Admit a patient sponsored by the program; and
2. accept the transfer of a patient sponsored by the program from a hospital which is not equipped to provide the necessary treatment

In addition to or in lieu of an action taken affecting the license of the hospital, when it is established that an officer, employee, or member of the hospital medical staff has violated this section, the South Carolina Department of Health and Environmental Control shall require the hospital to pay a civil penalty of up to ten thousand dollars."

501.2 Eligibility Determinations

For non-emergency admissions, the patient is responsible for obtaining an eligibility determination prior to admission.

For emergency admissions, the hospital is responsible for referring the patient for a MIAP eligibility determination if the patient is to be held financially responsible for any part of the bill.

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501.3 County Designee Responsibility

The county designee will send the hospital a copy of a Letter of Notification for those persons referred to the MIAP. If the individual is determined eligible, the letter should contain the following information:

1. Authorization number
2. Patient's county of residence and family size
3. Gross family income
4. Excess resources paid to hospital (if applicable)
5. Social Security Number
6. Readmission within 30 days (yes/no)
7. Co-payment amount (if applicable)

Eligibility must be determined for each spell of illness. When readmission is within 30 days after discharge, a new application is not required; however, all eligibility factors must be verified and another Letter of Notification issued.

A county may request that all hospital bills incurred by its MIAP residents be submitted to the county or its designee for review.

502 Submission of Hospital Specific Data

Hospital charges for patients sponsored by the MIAP must be reported to the Office of Research and Statistical Services (ORSS). (It is recommended that a UB-92 be completed for each MIAP admission and retained in the patient's file.)

The following data must be submitted to ORSS, for the 12-month period from October 1st through September 30th for each federal fiscal year, by March 1st of the following year:

1. Total gross revenue, including:
 - a. Gross inpatient revenue
 - b. Medicare gross revenue
 - c. Medicaid gross revenue
 - d. South Carolina Medically Indigent Assistance Program gross revenue
2. Total deductions for contractual allowances form gross revenue, including:
 - a. Medicare contractual allowances
 - b. Medicaid contractual allowances
 - c. Other contractual allowances
3. Total direct costs of medical education:
 - a. Reimbursed and
 - b. Un-reimbursed

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4. Total indirect costs of medical education:
 - a. Reimbursed and
 - b. Un-reimbursed
5. Total costs of bad debt and charity care:
 - a. South Carolina Medically Indigent Assistance Program
 - b. Other charity care and
 - c. Bad debt
6. Total admissions, including:
 - a. Medicare admissions
 - b. Medicaid admissions
 - c. South Carolina Medically Indigent Assistance Program admissions
 - d. Other admissions
7. Total patient days
8. Average length of stay
9. Total outpatient visits
10. Extracts of the following medical record information:
 - a. Patient date of birth
 - b. Patient number
 - c. Patient sex
 - d. Patient county residence
 - e. Patient zip code
 - f. Patient race
 - g. Date of admission
 - h. Source of admission
 - i. Type of admission
 - j. Discharge date
 - k. Principal and up to eight other diagnoses
 - l. Principal procedure and date
 - m. Patient status at discharge
 - n. Up to five other procedures
 - o. Hospital identification number
 - p. Principal source of payment
 - q. Total charges and components of those charges, including associated room and board units
 - r. Patient medical record or chart number
 - s. Attending physician and primary surgeon
 - t. Patient name, patient Social Security number, and patient address
 - u. External cause of injury code (E-code), as set forth in regulation

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503 Other Insurance

Providers are required to investigate the possibility of other resources for payment prior to application for MIAP eligibility.

504 Co-payments

Hospitals **may** require eligible patients whose gross family income is between one hundred percent and two hundred percent of the federal poverty guidelines to make a co-payment based on a sliding payment scale. The sliding scale amount is calculated by determining the percentage by which the individual's gross family income exceeds 100% of the federal poverty guidelines for the appropriate size family, multiplied by the MIAP mean payment amount of \$3,157. The county designee will determine the amount of the co-pay and include this information on the Letter of Notification/Approval.

If an individual is transferred from one hospital to another, **only** the transferring hospital may collect the co-pay amount.

505 Ineligible Recipients

There may be situations when a county or its designee discovers additional information regarding the financial circumstances of an MIAP recipient that would have made that person ineligible for the Program. In such cases, the hospital can bill the recipient or apply its own charity criteria to the claim in question. It will be necessary for hospitals to submit a corrected claim to the Division of Research and Statistical Services.

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This chapter provides a listing of agencies to which applicants may need to be referred for financial or medical assistance.

601 South Carolina Department of Health and Human Services

Medicaid Eligibility
Abbeville County DHHS
Human Services Bldg.
903 W. Greenwood St.
Abbeville, SC 29620
(864) 366-5638

Medicaid Eligibility
Aiken County DHHS
1410 Park Ave., S.E.
Aiken, SC 29801
(803) 643-1938

Medicaid Eligibility
Allendale County DHHS
611 Mulberry St.
Allendale, SC 29801
(803) 584-8137

Medicaid Eligibility
Anderson County DHHS
224 McGee Road
Anderson, SC 29625
(864) 260-4541

Medicaid Eligibility
Bamberg County DHHS
374 Log Branch Rd.
Bamberg, SC 29003
(803) 245-3932

Medicaid Eligibility
Barnwell County DHHS
29 Allen Street
Barnwell, SC 29812
(803) 541-3825

Medicaid Eligibility
Beaufort County DHHS
1905 Duke Street
Beaufort, SC 29902
(843) 470-4625

Medicaid Eligibility
Berkeley County DSS
2 Belt Drive
Moncks Corner, SC 29461
(843) 719--1170

Medicaid Eligibility
Calhoun County DHHS
2831 Old Belleville Road
St. Matthews, SC 29135
(803) 874-3384

Medicaid Eligibility
Charleston County DHHS
326 Calhoun St.
Charleston, SC 29401
(843) 740-5900

Medicaid Eligibility
Cherokee County DHHS
1434 N. Limestone Street
Gaffney, SC 29340
(864) 487-2521

Medicaid Eligibility
Chester County DSS
115 Reedy Street
Chester, SC 29706
(803) 377-8135

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Medicaid Eligibility
Chesterfield County DSS
201 N. Page Street
Chesterfield, SC 29709
(843) 623-5226

Medicaid Eligibility
Clarendon County DSS
County Building
3 South Church Street
Manning, SC 29102
(803) 435-4305

Medicaid Eligibility
Colleton County DHHS
Bernard Warshaw Building
215 S. Lemacks St.
Walterboro, SC 29488
(843) 549-1894

Medicaid Eligibility
Darlington County DHHS
300 Russell Street, Room 145
Darlington, SC 29532
(843) 398-4427

Medicaid Eligibility
Dillon County DHHS
1213 Hwy. 34 West
Dillon, SC 29536
(843) 774-2713

Medicaid Eligibility
Dorchester County DSS
201 Johnson Street, Building 17
St. George, SC 29477
(843) 821-0444

Medicaid Eligibility
Edgefield County DHHS
120 W. A. Reel Drive
Edgefield, SC 29824
(803) 637-4040

Medicaid Eligibility
Fairfield County DHHS
1136 Kincaid Bridge Rd.
Winnsboro, SC 29180
(803) 635-5502

Medicaid Eligibility
Florence County DHHS
2685 S. Irby Street, Box I
Florence, SC 29505
(843) 673-1761

Medicaid Eligibility
Georgetown County DSS
330 Dozier Street
Georgetown, SC 29440
(843) 546-5134

Medicaid Eligibility
Greenville County DSS
County Square
301 University Ridge, Suite 6700
Greenville, SC 29601
(864) 467-7926

Medicaid Eligibility
Greenwood County DSS
1118 Phoenix Street
Greenwood, SC 29646
(864) 229-5258

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Medicaid Eligibility
Hampton County DHHS
102 Ginn Altman Ave., Suite B
Hampton, SC 29924
(803) 914-0053

Medicaid Eligibility
Jasper County DSS
10908 N. Jacob Smart Boulevard
Ridgeland, SC 29936
(843) 726-7747

Medicaid Eligibility
Lancaster County DHHS
1599 Pageland Highway
Lancaster, SC 29720
(803) 286-8208

Medicaid Eligibility
Lee County DHHS
820 Brown Street
Bishopville, SC 29010
(803) 484-5376

Medicaid Eligibility
McCormick County DHHS
215 N. Mine Street
McCormick, SC 29835
(864) 465-2627

Medicaid Eligibility
Marlboro County DHHS
County Complex
1 Ag Street
Bennettsville, SC 29512
(843) 479-4389

Medicaid Eligibility
Horry County DHHS
1601 11th Avenue, 1st Floor
Conway, SC 29526
(843) 381-8260

Medicaid Eligibility
Kershaw County DHHS
110 E. Dekalb Street
Camden, SC 29020
(803) 432-3164

Medicaid Eligibility
Laurens County DHHS
93 Human Resources Road
Clinton, SC 29325
(864) 833-6109

Medicaid Eligibility
Lexington County DHHS
605 West Main Street
Lexington, SC 29072
(803) 785-2991
(803) 785-5050

Medicaid Eligibility
Marion County DHHS
1311 N. Main St.
Marion, SC 29571
(843) 423-5417

Medicaid Eligibility
Newberry County DHHS
County Human Services Ctr.
2107 Wilson Rd.
Newberry, SC 29108
(803) 321-2155

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Medicaid Eligibility
Oconee County DHHS
223 B Kenneth St.
Walhalla, SC 29691
(864) 638-4420

Medicaid Eligibility
Orangeburg County DSS
2570 Old St. Matthews Rd, N.E.
Orangeburg, SC 29118
(803) 515-1793

Medicaid Eligibility
Pickens County DHHS
212 McDaniel Avenue
Pickens, SC 29671
(864) 898-5815

Medicaid Eligibility
Richland County DHHS
3220 Two Notch Road
Columbia, SC 29204
(803) 714-7562
(803) 714-7549

Medicaid Eligibility
Saluda County DHHS
613 Newberry Highway
Saluda, SC 29138
(864) 445-2139

Medicaid Eligibility
Spartanburg County DHHS
Pinewood Shopping Center
1000 North Pine Street, Suite 23
Spartanburg, SC 29305
(864) 596-2714

Medicaid Eligibility
Sumter County DHHS
105 N. Magnolia Street, 3rd Floor
Sumter, SC 29150
(803) 774-3447

Medicaid Eligibility
Union County DHHS
200 South Mountain Street
Union, SC 29379
(864) 424-0227

Medicaid Eligibility
Williamsburg County DSS
831 Eastland Avenue
Kingstree, South Carolina 29556
(843) 355-5411

Medicaid Eligibility
York County DHHS
1890 Neely's Creek Road
Rock Hill, SC 29730
(803) 366-1900

602 SOCIAL SECURITY ADMINISTRATION OFFICES

<u>OFFICE</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Aiken	151 Corporate Parkway S.E. Aiken, SC 29803	(803) 648-2356
Anderson	3420 N. Main Street Anderson, SC 29621	(864) 231-7057

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Beaufort	2212 Mossy Oaks Road Port Royal, SC 29935	(843) 524-5795
Charleston	1 Southpark Circle Suite 500 Charleston, SC 29407	(843) 727-4345
	4995 LaCross Road Suite 2700 N. Charleston, SC 29406	(843) 747-1554
Colleton	243 Wichman Street Walterboro, SC 29488	(843) 549-2866
Dillon	100 E. Madison Street Dillon, SC 29536	(843) 774-3281
Florence	401 W. Evans Street Room 115 Florence, SC 29501	(843) 662-4651
Georgetown	413 King Street Georgetown, SC 29440	(843) 527-2893
Greenville	110 Frederick Street Suite A Greenville, SC 29607	(864) 233-1116
Greenwood	115 Enterprise Court Suite C Greenwood, SC 29649	(864) 223-1711
Horry	1316 Third Avenue Conway, SC 29526	(843) 248-4271
Kershaw	1111 Broad Street Camden, SC 29020	(803) 432-7776
Lancaster	101 North York Street Lancaster, SC 29720	(803) 285-6994
Laurens	292 Professional Park Road Clinton, SC 29325	(864) 938-9898

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Marlboro	1060 Cottingham Boulevard N. Bennettsville, SC 29512	(843) 479-5302
Orangeburg	1391 Middleton Street Orangeburg, SC 29115	(803) 531-1568
Richland	Strom Thurmond Fed. Bldg. 1835 Assembly Street Columbia, SC 29202	(803) 929-7635
Spartanburg	140 Magnolia Street Spartanburg, SC 29301	(864) 583-8223
Sumter	240 Bultman Drive Sumter, SC 29150	(803) 775-9140
York	498 Lakeshore Parkway Rock Hill, SC 29730	(803) 328-6271

**603 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL
CONTROL**

**County Departments
OFFICE
TELEPHONE**

ADDRESS

APPALACHIA I

Appalachia I Public Health District *(Serving Anderson & Oconee Counties)*

Appalachia I Public Health District	220 McGee Road	(864) 260-541
Anderson Health Department	Anderson, SC 29625	

Oconee Health Dept.	200 Booker Drive Walhalla, SC 29691	(864) 882-2245
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Oconee Health Dept.	609 N. Townville Street Seneca, SC 29678	(864) 882-2245
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Oconee Home Health Services	200 B West North 1 st Street Seneca, SC 29624
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APPALACHIA II

Appalachia II Public Health District *(Serving Greenville & Pickens Counties)*

Appalachia II Public Health District	PO Box 2557	(864) 282-4100
Greenville Health Department	200 University Ridge Greenville, SC 29602	

Pickens Health Department	200 McDaniel Avenue Pickens, SC 29671	(864) 898-5965
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APPALACHIA III

Appalachia III Public Health District *(Serving Cherokee, Spartanburg & Union Counties)*

Appalachia III Public Health District	PO Box 4217	(864) 596-3334
Spartanburg Health Department	151 E. Wood Street Spartanburg, SC 29305	

Cherokee Health Department	400 South Logan Street Gaffney, SC 29342	(864) 487-2705
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Union Health Department	115 Thomas Street Union, SC 29379	(864) 429-1690
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UPPER SAVANNAH

Upper Savannah Public Health District *(Serving Abbeville, Edgefield, Greenwood, Laurens, McCormick & Saluda Counties)*

Upper Savannah Public Health Dist.	1736 South Main Street	(864) 942-3600
Greenwood Health Department	Greenwood, SC 29646	

Abbeville Health Department	905 West Greenwood Abbeville, SC 29620	(864) 459-2131
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Edgefield Health Department	21 Star Road	(803) 637-4035
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	Edgefield, SC 29824	
Laurens Health Department	93 Human Services Road Clinton, SC 29325	(864) 833-0000
McCormick Health Department	204 Hwy 28 McCormick SC 29835	(864) 465-2511
Saluda Health Department	Hwy. 121 North Saluda, SC 29138	(864) 445-2141

LOWER SAVANNAH

Lower Savannah Public Health District *(Serving Aiken, Allendale & Barnwell Counties)*

Lower Savannah Public Health Dist.	222 Beaufort Street, NE Aiken, SC 29801	(803) 642-1604
Aiken Health Department	828 Richland Avenue, West Aiken, SC 29801	(803) 642-1687
Allendale Health Department	PO Box 386 415 N. Memorial Aiken, SC 29810	(803) 584-3818
Barnwell Health Department	PO Box 427 164 Calhoun Street Barnwell, SC 29812	(803) 551-1061

PALMETTO

Palmetto Public Health District *(Serving Fairfield, Lexington, Newberry, Richland Counties)*

Palmetto Public Health District Richland County Health Dept.	2000 Hampton Street Columbia, SC 29204	(803) 929-6530 (803) 748-4970
Fairfield Health Dept.	1136 Kincade Bridge Road PO Box 270 Winnsboro, SC 29180	(803) 635-6481
Lexington County Health Dept.	112 W. Hospital Drive West Columbia, SC 29169	(803) 791-3580

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Lexington County Health Dept.	229 Church Street Batesburg, SC 29006	(803) 532-6326
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Lexington County Health Dept.	212 S. Lake Drive Lexington, SC 29072	(803) 359-8113
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Newberry County Health Dept.	308 Hunt Street Newberry, SC 29108	(803) 321-2170
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CATAWBA

Catawba Public Health District *(Serving Chester, Lancaster & York Counties)*

Catawba Public Health District Lancaster Health Department	PO Box 817 1833 Pageland Hwy. Lancaster, SC 29721	(803) 286-9948
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Chester County Health Dept. PO Box 724	(803) 385-6152 129 Wylie Street Chester, SC 29706
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Great Falls Health Department	404 Chester Avenue Great Falls, SC 29055	(803) 482-6133
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Kershaw Health Department PO Box 277	(803) 475-3365 3855 Fork Hill Road Kershaw, SC 29067
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York Health Department	PO Box 149 116 N. Congress Street York, SC 29745	(803)684-7004
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Rock Hill Health Department	PO Box 3057 CRS 1070 Heckle Blvd. Rock Hill, SC 29732	(803)909-7300
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EDISTO

Edisto Public Health District *(Serving Bamberg, Calhoun & Orangeburg Counties)*

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Edisto Public Health District Orangeburg Health Department	PO Box 1126 1550 Carolina Avenue Orangeburg, SC 29116	(803) 536-9060
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Bamberg Health Department Log Branch Road Bamberg, SC 29003	(803) 245-5176
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Calhoun Health Department	410 Herlong Avenue St. Matthews, SC 29155	(803) 874-2037
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TRIDENT

Trident Public Health District *(Serving Berkeley, Charleston & Dorchester Counties)*

Trident Public Health District	4050 Bridge View Drive North Charleston, SC 29405	(843) 746-3800
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Moncks Corner Health Dept.	107 West Main Street Moncks Corner, SC 29461	(843) 719-4600
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Goose Creek Health Department	106 Westview Drive Goose Creek, SC 29455	(843) 572-3313
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Charleston County Health Dept.	3 Charleston Center Drive Charleston, SC 29401	(843) 579-4500
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Mt. Pleasant Health Department	1189 Iron Bridge Rd. Suite 100 Mt. Pleasant, SC 29464	(843) 856-1210
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North Area Health Clinic	3963 Whipper Barony Lane Charleston, SC 29405	(843) 740-1580
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Northwoods Health Clinic	2070 Northbrook Blvd. Suite A-20 North Charleston, SC 29418	(843) 764-1732
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St. George Health Clinic	201 Gavin Street St. George, SC 29477	(843) 832-0107
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Summerville Health Department	505 North Cedar Summerville, SC 29483	(843) 832-1662
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WATEREE

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Wateree Public Health District *(Serving Clarendon, Kershaw, Lee & Sumter Counties)*

Wateree Public Health District	PO Box 1628	(803) 773-5511
Sumter Health Department	105 N. Magnolia Street	
	Sumter, SC 29150	

Clarendon Health Department	110 East Boyce Street	(803) 435-8168
	Manning, SC 29102	

Kershaw Health Department	1116 Church	(803) 425-6012
	Camden, SC 29020	

Lee Health Department	810 Brown Street	(803)484-6612
	Bishopville, SC 29010	

WACCAMAW

Waccamaw Public Health District *(Serving Georgetown, Horry & Williamsburg Counties)*

Waccamaw Public Health District	2830 Oak Street	(843) 365-3126
	Conway, SC 29526-4560	

Georgetown Health Department	531 Lafayette Circle	(843) 546-5593
	Georgetown, SC 29440	

Conway Health Department	1804 Main Street	(843) 248-1500
	Conway, SC 29526	

Myrtle Beach Health Department	800 21 st Avenue, North	(843) 448-8407
	Myrtle Beach, SC 29577	

Loris Health Department	3811 Walnut Street	(843) 756-4027
	Loris, SC 29569	

Stephen's Crossroads Health Dept.	107 Hwy 57, North	(843) 399-5553
	Little River, SC 29566	

Williamsburg Health Department	520 Thurgood Marshall Hwy.	(843) 355-6012
	Kingstree, SC 29556	

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PEE DEE

Pee Dee Public Health District *(Serving Chesterfield, Darlington, Dillon,
Florence, Marion & Marlboro Counties)*

Pee Dee Public Health District	145 E. Cheves Street	(843) 661-4830
Florence Health Department	Florence, SC 29506	

Lake City Health Department PO Box 112	(843) 394-8822
124 Epps Street	
Lake City, SC 29560	

Chesterfield Health Department	203 North Page Street	(843) 623-2117
	Chesterfield, SC 29709	

Darlington Health Department	305 Russell Street	(843) 398-4400
	Darlington, SC 29532	

Hartsville Health Department 130 Camden Avenue	(843) 332-7303
Hartsville, SC 29550	

Dillon Health Department	203 W. Hampton Street	(843) 774-5611
	Dillon, SC 29536	

Marion Health Department	206 Airport Rd.	(843) 423-8295
	Suite B	
	Mullins, SC 29574	

Marlboro Health Department	117 Parsonage Street, Ext.	(843) 479-6801
	Bennettsville, SC 29512	

LOW COUNTRY

Low Country Public Health District *(Serving Beaufort, Colleton, Hampton & Jasper
Counties)*

Low Country Public Health District	1407 King Street	(843) 525-7603
	Beaufort, SC 29902	

Beaufort Health Department	601 Wilmington Street	(843) 525-7615
	Beaufort, SC 29902	

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Bluffton Health Center	PO Box 235 59 Ulmer Drive Bluffton, SC 29910	(843) 757-2251
Colleton Health Department	PO Box 229 219 South Lemacks Walterboro, SC 29488	(843)549-1516
Hampton Health Department	PO Box 37 531 West Carolina Avenue Hampton, SC 29924	(803) 943-3878
Jasper Health Department	PO Box 220 113 E. Wilson Ridgeland, SC 29936	(843) 726-7788

604 SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

County Offices

<u>OFFICE</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Abbeville County DSS	Human Services Building 903 West Greenwood Street Abbeville, SC 29620	(864)459-5481
Aiken County DSS	County Commissioner's Building 1410 Park Avenue, SE Aiken, SC 29801	(803)643-1938
Allendale County DSS	389 Barnwell Highway Allendale, SC 29810	(803)584-8137
Anderson County DSS	224 McGee Road Anderson, SC 29625	(864) 260-4541
Bamberg County DSS	Human Resources Center 374 Log Branch Road Bamberg, SC 29003	(803) 245-4361
Barnwell County DSS	T. Ed Richardson Bldg. 10913 Ellenton Street	(803) 541-1200

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	Barnwell, SC 29812	
Beaufort County DSS	1905 Duke Street Beaufort, SC 29901-1065	(843) 470-4596
Berkeley County DSS	2 Belt Drive Moncks Corner, SC 29461	(843) 761-8044
Calhoun County DSS	2831 Old Bellville Road St. Matthews, SC 29135	(803) 874-3384
Charleston County DSS	3366 Rivers Avenue N. Charleston, SC 29405-5714	(843)953-9400
Cherokee County DSS	1434 N. Limestone Gaffney, SC 29342-1369	(864)487-2704
Chester County DSS	115 Reedy Street Chester, SC 29706	(803)377-8131
Chesterfield County DSS	201 N. Page Street Chesterfield, SC 29709	(803)623-2147
Clarendon County DSS	County Building 3 South Church Street Manning, SC 29102	(803)435-4303
Colleton County DSS	215 S. Lemacks Street Bernard Warshaw Building Walterboro, SC 29488	(843)549-1894
Darlington County DSS	130 E. Camden Avenue Hartsville, SC 29551	(843)332-2231
Dillon County DSS	1213 Hwy. 34 West Dillon, SC 29536	(843)774-8284
Dorchester County DSS	201 Johnson Street, Building 17 St. George, SC 29477	(843)563-9524
Edgefield County DSS	500 W. A. Reel Drive Edgefield, SC 29824	(843)637-4040

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Fairfield County DSS	Hwy 321 Bypass & Kincaid Bridge Rd. Winnsboro, SC 29180	(803)635-5502
Florence County DSS	2685 S. Irby Street Florence, SC 29505	(843)669-3354
Georgetown County DSS	330 Dozier Street Georgetown, SC 29440	(843) 546-5134
Greenville County DSS	County Square 301 University Ridge, Suite 6700 Greenville, SC 29603	(864) 467-4886
Greenwood County DSS	1118 Phoenix Street Greenwood, SC 29648	(864) 229-5258
Hampton County DSS	102 Ginn Altman Avenue, Suite B Hampton, SC 29924	(803) 943-3641
Horry County DSS	1951 Industrial Park Road Conway, SC 29526	(843) 365-5565
Jasper County DSS	204 N. Jacob Smart Boulevard Ridgeland, SC 29936	(843) 726-7747
Kershaw County DSS	110 E. DeKalb Street Camden, SC 29020	(803) 432-7676
Lancaster County DSS	1837 Pageland Highway Human Services Complex Lancaster, SC 29721	(803) 286-6914
Laurens County DSS	Human Services Complex Industrial Park Road Laurens, SC 29360-2001	(864) 833-0100
Lee County DSS	Lee County DHHS 820 Brown Street Bishopville, SC 29010	(803) 484-5376
Lexington County DSS	Social Services Center	(803) 957-7333

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	541 Gibson Road Lexington, SC 29072	
McCormick County DSS	215 N. Mine Street Hwy. 28 N. McCormick, SC 29835	(864) 465-2627
Marion County DSS	137 Airport Court, Suite A Mullins, SC 29574	(843) 423-4623
Marlboro County DSS	County Complex Ag Street Bennettsville, SC 29512	(843) 497-4389
Newberry County DSS	County Human Services Center 2107 Wilson Road Newberry, SC 29108	(803) 321-2155
Oconee County DSS	223 B Kenneth Street Walhalla, SC 29691	(864) 638-4400
Orangeburg County DSS	2570 Old St. Matthews Rd., NE Orangeburg, SC 29116-1087	(803) 531-3101
Pickens County DSS	Social Services Building 212 McDaniel Building Pickens, SC 29671	(864) 898-5810
Richland County DSS	3220 Two Notch Road Columbia, SC 29204	(803) 735-7000
Saluda County DSS	Hwy #121 North Saluda, SC 29138	(864) 445-2139
Spartanburg County DSS	Evans Human Resources Center 142 S. Dean Street Spartanburg, SC 29304	(864) 596-3001
Sumter County DSS	105 N. Magnolia Street, 4 th Floor Sumter, SC 29151-0068	(803) 773-5531
Union County DSS	200 South Mountain Street	(843) 429-1660

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Union, SC 29379

Williamsburg County DSS 1401 Eastland Avenue (843) 354-5411
Kingstree, SC 29556

York County DSS 18 West Liberty Street (803) 684-2315
York, SC 29745

605 SOUTH CAROLINA DEPARTMENT OF VETERANS AFFAIRS

County Offices
COUNTY

ADDRESS

TELEPHONE

Abbeville 101 Church Street (864)459-2608
PO Box 652
Abbeville, SC 29620

Aiken 828 Richland Ave., W. (803)642-1545
Aiken, SC 29801

Allendale 703 Pine Street (803)584-2934
PO Box 521
Allendale, SC 29810

Anderson Anderson Co. Office Bldg. (864)260-4036
107 S. Main St., Ste. 102
Anderson, SC 29624

Bamberg 109 North Street (803)245-2494
PO Box 416
Bamberg, SC 29003

Barnwell County Courthouse (803)541-1057
Room 106
Barnwell, SC 29812

Beaufort Human Services Bldg. (843)470-4740
1905 Duke St., Rm. 205
PO Drawer 1228
Beaufort, SC 29901-1228

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Berkeley	109 W. Main Street Moncks Corner, SC 29461 (Mail: 223 N. Live Oak Dr. Attn: Mail Room)	(843)719-4023
Calhoun	Courthouse Annex Room 119, 117 Liberty Street St. Matthews, SC 29135	(803)874-3816
Charleston	3346 Rivers Avenue Ste. D-2 N. Charleston, SC 29405	(843)974-6360
Cherokee	Peachtree Centre 1434 N. Limestone Street Gaffney, SC 29340	(864)487-2579
Chester	War Memorial Bldg. PO Drawer 580 Chester, SC 29706	(803)385-6157
Chesterfield	105 N. Page Street Chesterfield, SC 29709	(843)623-2482
Clarendon	County Courthouse, (Basement) Keitt St.; PO Drawer 548 Manning, SC 29102	(803)435-2527
Colleton	219 S. Lemacks Street PO Box 637 Walterboro, SC 29488	(843)549-1412
Darlington	1 Public Square, Rm. 310 Darlington, SC 29532	(843)398-4130
	404 S. 4 th Street Hartsville, SC (Tues./Thurs.)	(843)332-9487
Dillon	City-City Complex, Rm. 302 401 W. Main Street PO Box 493	(843)774-1427

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	Dillon, SC 29536	
Dorchester	Veterans Affairs Office 500 N. Main Street, Ste. 11 Summerville, SC 29483	(843)832-0050
	101 Ridge Street St. George (Tues/Thurs)	
Edgefield	400 Church St., Rm. 103 PO Box 236 Edgefield, SC 29824	(803) 637-4012
Fairfield	96 US Hwy. 321 Bypass S PO Box 456 Winnsboro, SC 29180	(803) 635-4131
Florence	180 N. Irby St., Rm. 701 Box T City-County Complex Florence, SC 29501	(843)665-3045
Georgetown	303 N. Hazzard Street PO Box 421270 Georgetown, SC 29442	(843)546-7734
Greenville	301 University Ridge, Ste. 5900 Greenville, SC 29601	(864)467-7230
Greenwood	600 Monument Street Ste. 105 Box P-115, Park Plaza Greenwood, SC 29646	(864) 942-8531
Hampton	201 Lee Ave., Rm. 102 Hampton, SC 29924	(803)943-7533
Horry	Horry Administration 211 Beaty Street PO Box 1236	(843)248-1291

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	Conway, SC 29528	
Jasper	US Post Office Bldg. 408 Main Street, Rm. 208 PO Box 1536 Ridgeland, SC 29936	(843)726-7727
Kershaw	Kershaw Co. Courthouse 1104 C. Church Street Camden, SC 29020	(803)425-1521
Lancaster	208 W. Gay Street PO Box 1809 Lancaster, SC 29721	(803)283-2469
Laurens	3 Catherine Street PO Box 193 Laurens, SC 29360	(864)984-4041
Lee	11 Courthouse Square PO Box 461 Bishopville, SC 29010	(803)484-5129
Lexington	Memorial Building 605 W. Main St., Ste. 101 Lexington, SC 29072	(803)359-8400
McCormick	County Courthouse PO Box 356 McCormick, SC 29835	(864)465-2212
Marion	1305 N. Main Street PO Box 519 Marion, SC 29571	(843)423-8255 8256
Marlboro	County Courthouse, Rm. 1 PO Box 401 Bennettsville, SC 29512	(843)479-5622 5634
Newberry	1304 Hunt Street PO Box 217	(803)321-2161

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	Newberry, SC 29108	
Oconee	415 S. Pine Street Walhalla, SC 29691	(864)638-4231
Orangeburg	1437 Amelia St., Ste. 203 PO Drawer 9000 Orangeburg, SC 29116-9000	(803)533-6156
Pickens	222 McDaniel Ave., B13 Pickens, SC 29671	(864)898-5926
Richland	1701 Main Street, Ste. 409 PO Box 192 Columbia, SC 29202	(803)576-1906
Saluda	The American Legion Bldg. 108 S. Rudolph Street Saluda, SC 29138	(864)445-8848
Spartanburg	Human Resource Center 142 S. Dean Street, Rm. 105 Spartanburg, SC 29302	(864)596-2553
Sumter	County Courthouse 141 N. Main Street, Rm. 114A Sumter, SC 29150	(803)436-2302
Union	County Courthouse 210 W. Main Street Union, SC 29379	(864)429-1605
Williamsburg	147 W. Main Street PO Box 565 Kingstree, SC 29556	(843)355-9321
York	529 S. Cherry Rd. Rock Hill, SC 29732-3412	(803)909-7525
	6 South Congress Street York (Mon-Fri)	(803)684-8529

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**606 SOUTH CAROLINA VOCATIONAL REHABILITATION
 DEPARTMENT**

<u>COUNTY</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Aiken	855 York Street, N.E.	(803) 641-7630
Barnwell	Aiken, SC 29801	
Edgefield		
Anderson	3001 Mall Rd.	(864) 224-6391
	Anderson, SC 29625	
Beaufort	Highway 170 (843) 522-1010	
Jasper	Beaufort, SC 29902	
Berkeley	2954 S. Live Oak Dr.	(843) 761-6036
Dorchester	Moncks Corner, SC 29461	
Fairfield	15 Battleship Rd. Ext.	(803) 432-1068
Kershaw	Camden, SC 29020	
Charleston	4360 Dorchester Rd.	(843) 740-1600
	Charleston Hts, SC 29405	
Columbia (city)	1330 Boston Avenue	(803) 896-6333
Lexington	W. Columbia, SC 29170	
Conway	3009 Fourth Avenue	(843) 248-2235
Georgetown	Conway, SC 29526	
Horry		
Florence	1947 W. Darlington St.	(843) 662-8114
Dillon	Florence, SC 29501	
Marion		
Greenville	105 Parkins Mill Rd.	(864) 297-3066
Pickens	Greenville, SC 29607	
Greenwood	2345 Laurens Highway	(864) 229-5827
Abbeville	Greenwood, SC 29646	
McCormick		
Saluda		
Lancaster	1150 Roddey Drive	(803) 285-6909
	Lancaster, SC 29720	

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Laurens Newberry	Laurens-Clinton Hwy. 76 Clinton, SC 29325	(864) 984-6563
Marlboro Chesterfield	1029 Hwy 9 W. Bennettsville, SC 29512	(843) 479-8318
Hartsville (sub office)	122 West College Ave. Hartsville, SC 29550	(843) 332-2262
Oconee Pickens	1951 Wells Highway Seneca, SC 29678	(864) 882-6669
Orangeburg Bamberg Calhoun	780 Joe Jeffords Hwy SE Orangeburg, SC 29115	(803) 534-4939
Richland	516 Percival Rd. Columbia, SC 29206	(803) 782-4239
Rock Hill Chester York	1020 Heckle Blvd. Rock Hill, SC 29730	(803) 327-7106
Spartanburg Union	353 S. Church Street Spartanburg, SC 29301	(864) 585-3693
Gaffney (sub-office) (serving Cherokee County)	364 Huntington Rd. Gaffney, SC 29341	(864) 489-9954
Sumter Clarendon Lee Williamsburg	1760 N. Main Street Sumter, SC 29150	(803) 469-2960
Walterboro Allendale Colleton Hampton	919 Thunderbolt Dr. Walterboro, SC 29488	(843) 538-3116

607 COUNTY DESIGNEES

Abbeville	Ms. Hannah Chasteen Risk/Database Manager
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SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Telephone: (864) 366-2400 (Ext. 223)
hchasteen@abbevillesc.com

Aiken

Ms. Deena Smart

Aiken County Finance Department
828 Richland Avenue, West
Aiken, South Carolina 29801
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dsmart@aikencountysc.gov

Allendale

Ms. Bridgett Woods

Allendale County Courthouse
Post Office Box 351
Allendale, South Carolina 29810
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bridjet@bellsouth.net

Anderson

Ms. Latisha Richardson

An-Med Health Business Services
800 N. Fant Street
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Telephone: (864) 512-2163
Latisha.richardson@anmedhealth.org

Ms. Cheryl Campbell

An-Med Health Business Services
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Bamberg

Ms. Teresa Riley

Bamberg County DHHS
Post Office Drawer 507
509 North Street
Bamberg, South Carolina 29003
Telephone: (803) 245-4321

Barnwell

Ms. Shannon Ponds

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Barnwell County DHHS
811 Reynolds Road
Barnwell, South Carolina 29812
Telephone: (803) 541-4361
Telephone: (803) 541-4362
Sponds@bchospital.org

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Ms. Terri Manigault (DHHS SMW)

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Ms. Heather Graham

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Moncks Corner, South Carolina 29461
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Calhoun

Ms. Elaine Golden

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Charleston

Ms. Carolyn Smalls

County of Charleston, MIAP
4045 Bridge View Drive
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**Reconsideration
Designee**

Ms. Kim Barrows

County of Charleston, MIAP
4045 Bridge View Drive

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North Charleston, SC 29405
Telephone: (843) 202-6986
Fax: (843) 202-6961

Cherokee

Ms. Deloris Blackwell

Peachtree Center
210 N. Limestone Street
Gaffney, South Carolina 29340
Telephone: (864) 487-2792

Chester

Ms. Phyllis Baker

Chester Regional Medical Center
1 Medical Park Drive
Chester SC, 29706
Telephone: (803) 581-3151 Ext. 272
Phyllis.baker@hma.com

Chesterfield

Ms Sharon Thomas

Chesterfield DHHS/MIAP
Post Office Box 855
Chesterfield, South Carolina 29709
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Clarendon

Ms. Shellie Hill

Clarendon Memorial Hospital
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Colleton

Ms. Pirtella McCaskell

Colleton County DHHS
Post Office Box 110
Walterboro, South Carolina 29488

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Darlington

Mr. Sean Adams

Darlington County DSS
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Darlington, South Carolina 29532
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Ms. Crystal Brown

Carolina Pines Regional Med. Center
1304 W. BoBo Newson Hwy
Hartsville, South Carolina 29550
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Dillon

Mrs. Gloria Hamilton

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Ms. Darlene Atkins

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atkinsd@scdhhs.gov

Edgefield

Edgefield County Hospital
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Edgefield, South Carolina 29824
Telephone: (803) 637-1152
errestoration@edgefieldhospital.com

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Fairfield

Ms. Charlene McLain

Fairfield Memorial Hospital
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Charlene.mclain@fairfieldmemorial.com

Florence

Ms. Jannie Mae Fleming

Pee Dee Community Action Agency
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Florence, South Carolina 29504
Telephone: (843) 678-3400, Ext. 122
cheynne@hotmail.com

Georgetown

Ms. Elli Hopkins

Georgetown Memorial Hospital
Post Office Box 421718
Georgetown, South Carolina 29442
Telephone: (843) 527-7154 Fax: (843) 520-8403
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Greenville

Ms. Jacqueline Turner

Greenville Hospital System
701 Grove Road
Greenville, South Carolina 29605-4295
Telephone: (864) 454-8545
jturner@ghs.org

Greenwood

Ms. Linda Wiley

Self-Regional Healthcare
1325 Spring Street
Greenwood, South Carolina 29646
Telephone: (864) 725-4128
Lwiley@selfregional.org

Hampton

Ms. Rose Ann Moore

Hampton Regional Medical Center
598 West Carolina Avenue

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Telephone: (803) 943-2771
Selfpay1@hamptonregional.org

Horry

Mr. Dwayne Graham

Horry County
Post Office Box 296
Conway, South Carolina 29528
Telephone: (843) 915-7032
Dwayne@horrycounty.org

Jasper

Ms. Georgia DeLoach

Jasper County Council
Post Office Box 1509
Ridgeland, South Carolina 29936
Telephone: (843) 726-7815
Fax: (843) 726-7966
Gdeloach@jaspercountysc.gov

Kershaw

Ms. Lucy Keys

Kershaw County Medical Center
1315 Roberts Street
Camden, South Carolina 29020
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keysl@scdhhs.gov

Lancaster

Ms. Marilyn Law

Springs Memorial Hospital
800 West Meeting Street
Lancaster, South Carolina 29720
Telephone: (803) 416-5486

Laurens

Ms. Betty Campbell

Laurens County DHHS
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Laurens, South Carolina 29360
Telephone: (864) 547-8132

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Campbellbsc@dhhs.gov

Lee

Mr. Thaddeus Dickey

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Bishopville, South Carolina 29010
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Lexington

Ms. Mary Jane Oswald

Department of Health & Human Services
605 W. Main Street
Lexington, South Carolina 29072
Telephone: (803) 785-5051
oswaldm@dhhs.state.sc.us

Marion

Ms. Linda Godfrey

Marion County Medical Center
Post Office Box 1150
Marion, South Carolina 29571
Telephone: (843) 431-2574
lgodfrey@mcmcd.org

Marlboro

Ms. Ruthie Gooding

Marlboro Park Hospital
Post Office Box 738
Bennettsville, South Carolina 29512
Telephone: (843) 479-454-8531

McCormick

Ms. Sandra Anthony

McCormick County Government
362 Airport Road
McCormick, South Carolina 29835
Telephone: (864) 852-2231
santhony@mccormickcountysc.org

Newberry

Ms. Mindie Jennings

Newberry County DHHS
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Newberry, South Carolina 29108
Telephone: (803) 321-2159 Ext. 124

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Jennings@dhhs.state.sc.us

Oconee

Ms. Donna Smith

Oconee Memorial Hospital
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Seneca, South Carolina 29672-9499
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Donna.smith@oconeemed.org

Orangeburg

Ms. Yesenia Robinson

Ms. Emilie Sanders

Orangeburg Regional Medical Center
3000 Saint Matthews Road
Orangeburg, South Carolina 29118
Telephone: (803) 395-2829
sanderse@dhhs.state.sc.us
robinsyj@dhhs.state.sc.us

Pickens

Pickens County Administration
PO Box 407
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**Reconsideration
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608 Correspondence and Inquiries

608.1 Written Correspondence

Written correspondence concerning MIAP eligibility policy and procedures should be directed to the Bureau of Eligibility Administration. Correspondence pertaining to MIAP billing procedures should be directed to the Department of Hospitals.

All correspondence should be addressed to the appropriate Division or Department at the address below:

Attention:

State Department of Health and Human Services

Post Office Box 8206

Columbia, South Carolina 29202-8206

608.2 Telephone Inquiries

Inquiries pertaining to MIAP eligibility policies and procedures and the assignment of unique patient identification numbers should be directed to the Bureau of Eligibility Administration at (803) 898-2635.

609 MIAP Forms and Publications

Designees should request forms by E-mail at: forms@scdhhs.gov or by telephone:

Greater Columbia area

(803) 898-1000

Outside the Greater Columbia area

(800) 506-7254

These numbers may be used 24 hours a day. If the request is left on the answering machine, it will be acted upon the next business day.

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When making a request, please be prepared to give the form name, the form number, the quantity of each form requested and your street address. Since the forms will be sent by UPS delivery, you must provide a street address. When the first request is made to this agency, a provider number will be assigned and forwarded to you. The number should be used for future requests.

The following MIAP Forms will be available through this procedure.

DHHS Form 207	MIAP Application
DHHS Form 224	Medicaid Referral Form
DHHS Form 227	Letter of Notification – Approval
DHHS Form 228	Letter of Notification - Denial/Withdrawal
DHHS Form 938	MIAP Addendum to Medicaid Application

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This chapter provides instructions on the completion of forms used in determining eligibility for assistance through the MIAP.

701 DHHS 207- MIAP Application

Purpose: This form is the official document, which must be completed by each individual who requests assistance through the MIAP. The information recorded on the application form is used by the county designee as the basis for determining eligibility for assistance through the MIAP. The form must be completed in ink or typed. The applicant and the county designee must initial any corrections made.

Completion: **Part I:** This section collects basic identifying information about the applicant. Completion of the individual items is self-explanatory.

Part II: This section collects third-party information on the applicant. Completion of the individual items in this section is self-explanatory.

Part III: Record the requested information on each member of the applicant's family. For detailed information on the family members who must be considered, refer to Chapter 3, Section 302.

Part IV: Record the requested information for the applicant and each family member who has income. If the applicant or other family member(s) is no longer employed, record the last date of employment and the employer's name. Indicate whether or not the applicant or other family member(s) is receiving unemployment benefits. For information regarding income, refer to Chapter 3, Section 304.

Part V: Record the requested information for the applicant and each family member who owns a resource. Refer to the following MIAP Manual Sections for more detailed information related to the treatment of resources:

1. Real Property - Chapter 3, Sections 308 and 309
2. Taxable personal property - Chapter 3, Sections 308 and 309
3. Liquid assets - Chapter 3, Sections 308 and 310

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Part VI: Transfer of resources. Record resources transferred by the applicant or any family member within 3 months of the hospital stay for which assistance is requested.

Part VII: By his signature, the applicant certifies that the information recorded is correct, authorizes the release of information needed to determine eligibility, and understands the assignment of rights.

Part VIII: Provides space to write any case notes, which documents verbal contacts with the applicant or others.

Worksheet: The worksheet is to be used to document how you determined that the applicant met or failed to meet the criteria.

Questions 1 and 2: Answer questionable or not questionable to each question. Complete “how verified” only if the applicant’s residence or alienage is questionable. If unable to verify according to policy, deny the application and notify the applicant and provider. If the answer to both questions is not questionable or acceptable verifications were provided, continue.

Question 3: Enter the appropriate number of family members. Explain who was included/excluded in the family composition and why. Use this space to explain how you calculated the gross annual income of the applicant and/or his family. Explain whose income was included, and the method and date of verification.

Question 4: List all resources owned by the applicant and his family. Identify each asset, to whom it belongs, and the equity value. Include the method and date of verification.

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702 DHHS 227 - LETTER OF NOTIFICATION - APPROVAL

Purpose: This form provides written notice to both the applicant and hospital of **approval** of the MIAP application. DHHS 228 is to be used when an application is **denied**.

Completion: **Section I** is self-explanatory.
Section II provides hospitals with information that must be entered on the claim form (UB-82). For this reason, this section must be completed and must be accurate. Because the MIAP requires the hospital industry to collect data on all MIAP applicants, family size and gross annual income must be entered in this section.

Authorization Number: The county designee will assign an authorization number. This number will be entered on the claim to verify that eligibility has been determined. The county authorization number consists of ten digits that are assigned in the following manner:

Digits 1 & 2	Your county number
Digits 3 & 4	The last two digits in the calendar year
Digits 5, 6 & 7	The day eligibility is determined (the date on the Letter of Notification) represented by Julian date.
Digits 8, 9 & 10 through 999	Sequential numbers from 001 assigned by the county. When you reach 999, begin again.

Example: John Smith's eligibility is determined by Abbeville County on January 7, 2002. He is the third person determined eligible in Abbeville county. His county authorization number is assigned in the following manner. County number – 01, Year – 02, Julian date – 007 and sequential number – 003. His county authorization number is 0102007003. (It is recommended that you maintain a log of assigned authorization numbers.)

County of Residence: Enter the name of the applicant's county

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of residence. If the applicant does not have an established residence in a particular county, i. e., migrants, enter “00” as the county of residence.

Gross Family Income: Enter the amount of the family’s gross annual income.

Family Size: Enter the number of individuals who compose the applicant’s family.

Excess resources paid to hospital:

If the applicant has excess liquid resources, which they wish to be applied to the cost of care for the period of hospitalization for which this eligibility determination has been made, enter the amount of excess liquid resources. This amount will be deducted before the MIAP payment is made.

Payments on other medical expenses incurred within thirty (30) days prior to hospitalization should not be entered.

Social Security Number/Unique Patient Identifier: Enter the applicant’s verified Social Security Number or the unique patient identification number assigned by the Bureau of Eligibility Administration, State Department of Health and Human Services.

Readmission within 30 days?

Check “yes” if it has been thirty (30) days or less since discharge from a previous hospital stay.

Check “no” if greater than thirty (30) days.

Insurance Company: If the applicant has health insurance, enter the name and address of the insurance company.

Policy Number: Enter the policy number.

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Section III. Place an “X” in the box next to the statement, which describes your decision on this application. Read to the applicant the section on why the claim may not be paid.

Enter the name, address and telephone number of the person designated by your county to reconsider the decision of the county designee.

Routing Instructions: Original to Applicant

Yellow to Admitting Hospital

Pink retained by County Designee

Note: If there is a referring provider other than the hospital, a Xerox copy of the original should be sent to that provider.

703 DHHS 228 - LETTER OF NOTIFICATION – DENIAL/WITHDRAWAL

Purpose: This form provides written notice to both the applicant and hospital of the decision of the MIAP application.

Completion: **Section I** is self-explanatory.

Section II provides the applicant a reason for the denial and information regarding the individuals who may be contacted regarding questions and to request reconsideration. Enter the reason, the name and telephone number of the person who can be contacted regarding questions about the denial and the name of the person designated by your county to reconsider the decision of the county designee, if requested by the applicant.

Routing Instructions: Original to Applicant

Yellow to Admitting Hospital

Pink retained by County Designee

Note: If there is a referring provider other than the hospital, a Xerox copy of the original should be sent to that provider.

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704 DHHS 224 - Medicaid Referral Form

Purpose: The County designees initiate the Medicaid Referral form when a Medically Indigent Assistance Program (MIAP) applicant appears to be potentially eligible for Medicaid. The MIAP application must be held pending until the Medicaid determination is completed.

Completion: **Section I** is completed by the MIAP designee. Completion of the individual items is self-explanatory.

Section II is completed by the MIAP designee. The applicant's name and address refers to the person for whom assistance is requested. Parent's name and address refers to the applicant's parent or caretaker relative, if the applicant is a minor child. Include the address if it is different from that of the minor child applicant. Enter either the month/year of the Medicaid referral or the month/year of hospitalization, whichever is earlier.

Completion of the individual items in the insert is self-explanatory. Both the applicant and the MIAP designee must sign and date this section.

Section III is completed by Medicaid staff. The Medicaid worker must sign and date this section.

Routing Instructions: Original and yellow copy mailed to the Medicaid worker.

Pink copy suspended by designee.

Original returned to designee.

Yellow retained by Medicaid worker.

705 DHHS 938 – MIAP Addendum to Medicaid Application

Purpose: When a Medicaid eligibility worker receives a Medicaid application for an individual who owes inpatient hospital bills or is scheduled for a hospital admission, if it is determined that the individual is not eligible for Medicaid, the DHHS Form 938 may be completed instead of the DHHS Form 207 to refer the individual to the MIAP County Designee. **A copy of the Medicaid application must be attached to the 938.**

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Completion: **PART I:** This section collects basic identifying information about the applicant. Completion of the individual items is self-explanatory.

PART II: This section collects third party information on the applicant. Completion of the individual items in this section is self-explanatory.

PART III: This section provides instructions for verifying income of the applicant's family. Refer to the Medicaid application that is attached to the 938 for information about the reported income. This section also collects information about previous employment and lump sum payments. Completion of the individual items in this section is self-explanatory.

PART IV: Record the requested information for the applicant and each family member who owns resources.

PART V: Record resources transferred by the applicant or any family member within 3 months of the hospital stay for which assistance is requested.

PART VI: By his signature, the applicant certifies that the information is correct and authorizes the release of information needed to determine eligibility.

WORKSHEET: The worksheet is to be used to document how you determined that the applicant met or failed to meet the eligibility requirements.